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Timo Toikko (ed.)

**SUBJECTIVE WELLBEING
IN REGIONAL CONTEXTS**

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SUBJECTIVE WELLBEING IN REGIONAL CONTEXTS



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Timo Toikko and Minna Zechner

INTRODUCTION: PERSPECTIVES OF SUBJECTIVE WELLBEING

In the current academic world, international connections are the basis for successful research. This publication, *Subjective Wellbeing in Regional Contexts*, consists of five articles, which are written by scholars from Estonia, Germany, Romania, and Finland. Most of the authors have been cooperating already for years in the field of research and development within the EU funded programs. This cooperation has offered chances to exchange ideas about wellbeing, which resulted in this publication.

SUBJECTIVE WELLBEING AS A MULTIDISCIPLINARY RESEARCH ISSUE

Traditionally, human wellbeing is measured in terms of resources that individuals have at their command (Dolan & Metcalfe 2012). Human wellbeing is thus assessed in terms of material things referring to citizens' ability and chance to fare well in society, often be supported by income redistribution and benefits. An alternative approach to human wellbeing focuses on the quality of life. This approach views individuals as the best judges of their own situations and conditions. Subjective wellbeing is generally used in research literature as a substitute for the term happiness encompassing how people evaluate their own lives in terms of cognitive and affective explanations.

Subjective wellbeing has become a debated research topic. This development has brought economists, social scientists and psychologists together to examine the variations in subjective wellbeing. Economists have tried to understand how economic factors contribute to individual wellbeing, finding that the connection between economic growth and wellbeing is a complicated one. For instance, in his classic study Easterlin (1974) found that citizens' happiness is not significantly associated with economic wealth at a national level. He concluded that an increase in aggregate income does not bring greater popular happiness among developed countries.

Psychologists have studied happiness as a state of mind by referring both to theoretical conceptions and measurement scales of happiness. Wellbeing is seen as an outcome which can be explained by cognitive features and personality traits by asking subjects about their current state of happiness. For instance, the performance of goal-related activities has been associated with subjective wellbeing. Furthermore, wellbeing is

seen as a result of positive relations with others, autonomy, and purpose in life (McKee-Ryan 2005). These relate closely to the construct of good life that psychologists see to compass both the value of one's life and wellbeing in general (Minney & Ranzijn 2015). Sociologists have explored the social determinants of subjective wellbeing. For instance, the quality and intensity of social relationships is found to be an explanatory factor for subjective wellbeing. Both psychologists and sociologists have found that subjective wellbeing depends, for instance, on age and marital status. Already, Diener and Suh (1997) have found that the relationship between age and subjective wellbeing follows a U-shape, being at its lowest when people are around the age of 40 years, and then gradually increasing with an increase in age. Furthermore, marriage tends to increase, but divorce or death of a spouse tends to decrease subjective wellbeing (Diener et al. 1999). Additionally, education is positively correlated with subjective wellbeing (Argyle 1999). Unemployment has been shown to reduce subjective wellbeing, in particular when there is not enough social support. The negative effect of unemployment lasts even after being employed (Clark et al. 2001).

CHALLENGES OF SUBJECTIVE WELLBEING

Structural welfare reforms are on the top of the political agenda across European countries. National governments are facing large budget deficits in the upcoming years. The problem is complicated: how to maintain welfare state commitments and ensure fiscal consolidation? Welfare issues are typically on the agenda of national governments, but it is assumed that more power will be shifted to regional levels. If the trend is the transition from welfare state to welfare society, it means that the regional networks will be emphasized in the future (Ewijk 2011).

Along with the differences of welfare among the European countries there are also big varieties of wellbeing within and between national regions. Some regions are stigmatized because of their high rates of unemployment and crime. Regional inequality is associated with residents' dissatisfaction with housing and public services. Furthermore, regional differences are not only reached by measuring traditional social determinants, such as poverty and unemployment, because a part of the problem is hidden behind them. Peter Taylor-Gooby (2011) writes about the so-called new social risks which are not covered by programs of the traditional welfare state: pensions, unemployment, and health insurances. The new social risks emerge from the transformation of labor markets (low- or underpaid work resulting working poor) and changes in demography. For instance, the traditional welfare state may be seen designed to protect male industrial workers against the loss of work income which have of little use to many new risk groups such as single parents.

Regions are currently not only struggling with economic and social problems, but they are also trying to promote wellbeing and create attractive environments that allow their residents to live well. One key trend has been the transition from formal welfare structures to flexible networks of wellbeing, where citizens and residents are more involved with non-governmental organizations and self-help groups. Strengthening social networks and enhancing the exchange of social support may increase a community's ability to garner its resources and solve problems. Several community-level interventions have shown how intentional network building and the strengthening of social support within communities are associated with enhanced community capacity (e.g. Heaven 2013; Hikichi et al. 2015). Communities, however, are not able to ensure equality and social justice in welfare production and distribution in a similar manner and scale as public bodies are able to (see Jordan 2011).

STRUCTURE OF THE BOOK

This publication consists of five articles on subjective wellbeing which are based on empirical analyses in regional and international contexts. Ágnes David-Kacsó, Maria Roth and Anna Bernath write about the wellbeing of young people in Romania. They studied how religiosity and stressful life events are associated with subjective wellbeing among young people. They found that the level of subjective wellbeing is higher among the religious youth, but they are as vulnerable as anyone else in the case of negative life events, their wellbeing being affected regardless of their religious attitudes.

Götz Schneiderat and Franziska Wächter study the perceived happiness of residents in two regions in Saxony (Germany). They find that social networks and families have an important role in supporting inclusion in society. People who live in a family are generally happier than those who live in a household without children. On the other hand, they find significant differences between the two regions. The residents of Wittichenau are the happiest Saxons, which is explained by the solidarity of the extended family and community. In contrast, Seifhennersdorf is the unhappiest place with high unemployment and crime rates.

Timo Toikko and Teemu Rantanen approach the wellbeing of Finnish young people from psychological and social perspectives. The study seeks to understand whether young people's subjective wellbeing can be explained in terms of psychological or social determinants. According to the results, subjective wellbeing seems to be a bipartite phenomenon in which cognitive and affective components constitute separate psychosocial contents. On the social policy level, the study underlines the significance of the societal programs which promote psychological development and prevent social risks because they positively influence the two separate components of subjective wellbeing.

Anne Rähn and Kandela Õun explore how voluntary work of the elderly supports active ageing. Their article is based on a project called "Let us be active" which promoted the social activity of senior citizens (seniors) as volunteers in the cities of Pärnu (Estonia), Riga (Latvia) and Turku (Finland). In their article, Rähn and Õun present the results of the survey they conducted among elders and social workers in order to find out how they can be involved in volunteering activities. Volunteering brings benefits to both, to the volunteers themselves, to the community and to society as a whole. For example, voluntary activities can provide the experience necessary to proceed in the labour market, the opportunity to learn new skills, to improve the quality of life and to contribute to the increase of social cohesion in society. Older people have knowledge, skills and experience which they can contribute to society by participating in volunteer work.

Minna Zechner analyses the marketization of elder care services in Finland and Sweden in connection to good life in old age. In both countries the ideas of marketization are supported by the voucher system, which allows certain choices to home care service users. It is intended that with vouchers, service users may decide according to their own preferences the most suitable service provider. This way, vouchers may bring certain kind of continuity in life for those elders who are used to making choices, thus contributing to good life. However, Zechner demonstrates that the Finnish and Swedish professionally-assisted voucher systems allow very little room for the choices of the users. Voucher system enhances the risk of polarisation, only supporting the good life of some elders.

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Ágnes David-Kacsó, Maria Roth and Anna Bernath

RELIGIOSITY, STRESSFUL LIFE EVENTS AND SUBJECTIVE WELLBEING OF ROMANIAN YOUTH

INTRODUCTION

According to the reported religiosity, Romania was rated one of the most religious countries in the world, 86.5 % of the population declaring that religion is important or very important in their life and over 90% declaring that they believe in God (Global Index of Religiosity and Atheism 2012, 4; Sandor & Popescu 2008, 173). Among the youth, the religious affiliation represents just one aspect of religiosity: over 80% identified themselves as member of a particular religious cult, but only about 60% use to go to church or keep religious holidays (Sandu, Stoica & Umbres 2014, 125). On the other side, in a survey realized in 2007, Balțătescu showed that life events influence the subjective wellbeing of Romanian youth, the number of negative life events considered being a slight but significant predictor of life satisfaction (Balțătescu 2008, 71).

THEORETICAL FRAMEWORK

The wellbeing can be seen at least in two ways: feeling good in life and functioning well. (Diener 1984, 543). However sometimes happiness is used as synonym for wellbeing (e.g. Helliwell, Layers & Sachs 2013, 3), in most approaches wellbeing is measured in its twofold facets: as an actual emotional state, happiness, and a more general appraisal of one's life, life satisfaction, which is considered the cognitive aspect of subjective wellbeing (Diener & Suh 1997, 191). The wellbeing is the result of a combination of external factors like income, employment, characteristics of the society, religion and internal factors as gender, psychological characteristics, physical and mental health; in this way wellbeing is the result of one's whole life-course (Helliwell et al. 2012, 59). The relationship between subjective wellbeing and religion was studied from many points of view. In the broadest context, values such as respect for life and nonviolence, tolerance, justice, mutual respect between the members of a society are emphasized by all of the big religions and are the cornerstones of happiness (Sachs 2013, 93). However, the religiosity is not automatically related to happiness: only in religious societies and only for people with strong religious identity were found positive relationships between religion and happiness (Bartram 2011, 8). On the other side as Helliwell et al. (2012, 71) point out, religiosity is usually higher in states where life conditions are harder, and

could have a stress-buffer effect on the wellbeing of people. The effect of religiosity on wellbeing was studied in many ways, but results show, that is less important if people declare themselves as belonging to one specific cult, more important being the strength of the religious belief and the religious practices of individuals (Dolan, Peasegood & White 2008, 106). The pathway between religion and wellbeing might be seen as twofold: by offering a community with same minded people, producing social capital (Helliwell & Putnam 2004, 1441; Helliwell 2002, 13) and by providing a sense of meaning in a chaotic world (Lim & Putnam 2010, 915; Diener & Seligman 2004, 7, Helliwell et al. 2012, 72). The solidarity and altruism, as one of the main values present in religion, also are linked to subjective wellbeing of people, data showing that people who are volunteering usually are happier and more satisfied with their life (Helliwell, et al. 2012, 73).

Although religiosity is seen as buffering the effect of stress in people's life, studies had shown that not all kind of events are supported easier in religious context: while the effect of unemployment is tolerated better by religious persons, for instance the effect of divorce on wellbeing is not moderated by religious beliefs. Generally is provided scientific evidence, that important life events, both positive and negative, influence the subjective wellbeing of people, however this modification does not maintain in time, the level of happiness of person returning to baseline level after a period of adjustment (e.g. Diener, Lucas & Oishi 2009, 4; Heady 2006, 2). Some events produce more lasting effect on wellbeing (Lucas et al. 2003, 528) and the effect is different on happiness and life satisfaction, the affective component returning faster to the initial level, while the cognitive one being more lasting in time (Luhman et al. 2012, 593). Although different events produce different effects on wellbeing, the cumulative occurrence of the stressful events increase the odds of poorer developmental outcomes, affecting both physical and mental health, and also the subjective wellbeing (Compas 2004, 273).

OBJECTIVES AND METHOD

In this frame, the objective of this study is twofold: 1. to analyze the relationship between religiosity, stressful life events and subjective wellbeing of youth; 2. to test if the effect of the negative life events on wellbeing differs according to the religiosity. The present study is a part of a larger research project aiming to investigate social and psychological aspects of transition from adolescents into adulthood. We worked with a longitudinal design, with a survey administered in two waves, at a distance of 18-21 month. In the first wave (t1) the questionnaire was applied to senior high school students (12th grade) in the period of September 2012 - January 2013. It was a class based survey; 70 schools and 219 classes were reached. After contacting 5000 students, our nationally representative sample had 3509 students. The collection of

data in the second wave (t2) was operated between October 2014 and February 2015, obtaining 1509 valid questionnaires, which represent 46.09% of the initial sample. The surveys were mainly conducted online, questionnaires being completed on our project website: www.viitoradult.ro. In some of the targeted areas with no internet and technology, project team members assessed participants in school settings.

Happiness was measured using the Subjective Happiness Scale (Lubomirsky & Lepper 1999). The SHS has high internal consistency, good to excellent reliability, and construct convergent and discriminant validity (Lubomirsky & Lepper 1999). The psychometric properties of the scale were calculated for our whole sample, $N = 1457$ (96% responses) Cronbach's alpha coefficient was 0.67. All item-test correlations were higher than .58, suggesting good psychometric properties. Life satisfaction was measured using the Satisfaction with Life Scale (Diener et al. 1985). Participants indicated how strongly they agreed with each of the five items and response ranged from 1=strongly disagree to 7=strongly agree. The final scale had a range of 5–35 and was reliable with a Cronbach's alpha of 0.87 with the current sample. The measures related to subjective wellbeing were applied in the second wave.

Religiosity had been recorded based on a scale on religious attitudes in a questionnaire validated in the international study on higher-education students: *International survey on the sexual behavior of university students* (Faludi 2013, 98). The importance of religion was measured by the question "How important is religion in your life?" Responses were scored 1 - "not at all", 2 - "a very little", 3 - "a little", 4 - "much important", 5 - "very much important". The religious practices were used as a proxy for religiosity, and were measured by the question "In what way do you practice religion?" Response possibilities were: 1- "I'm not religious", 2 - "I don't practice religion", 3 - "I practice it in my own way", 4 - "seldom, at church", 5 - "often, at church". The questions regarding the religiosity were used in the first wave of research.

The list of negative life events was based on *The social readjustment rating scale* (Holmes and Rahe 1967). The events considered in the first wave were: the serious disease of a family member, disruption of a romantic relationship, worsening of the parent's financial status, problems with parents, death of a family member, death of a close friend, unemployment of parents, theft of personal goods, excessive use of alcohol or drugs by a family member, divorce of parents, close relatives being jailed, abortion (the person or his girlfriend), loss of the home, separation from the family. In the second wave the event's list was completed with surviving natural calamities and witnessing serious violent scenes. The period considered for the occurrence of the events was limited to the last 12 month. Ratings summed formed an index of stressful life events.

RESULTS

Our sample is composed of 1509 youth 19 to 23 of age, 80.1% being 20 years old. As for gender, 59% are girls, and for religiosity, only 8.1% declared that religion is not important at all in their life, as for 26.6% it is a little or very little important, and for 61.1% it is much or very much important. Not all to whom the religion is important use to go to church: 48.2% practice religion in “their own way”, 33.9% practices religion seldom or often, but always at the church. 8.2% declare themselves as not being religious and 5.5% don’t practice religion (see Figure 1).

As data from the chart show, 58% of those youth for whom religion is “much important” and 44% of those for whom it is “very much important” practice religion in “their own way”, importance of religion was not necessarily meaning going to church. As for approximated one third of the sample (38.2%) those considering religion important and for about half (54.4%) of those declaring that religion is “very important” in their lives use to go - often or seldom - to church. These results support the findings of Sandu et al. (2014, 125) who conclude that for a significant proportion of Romanian youth the importance of religion means rather a kind of cultural identification and not a spiritual one.

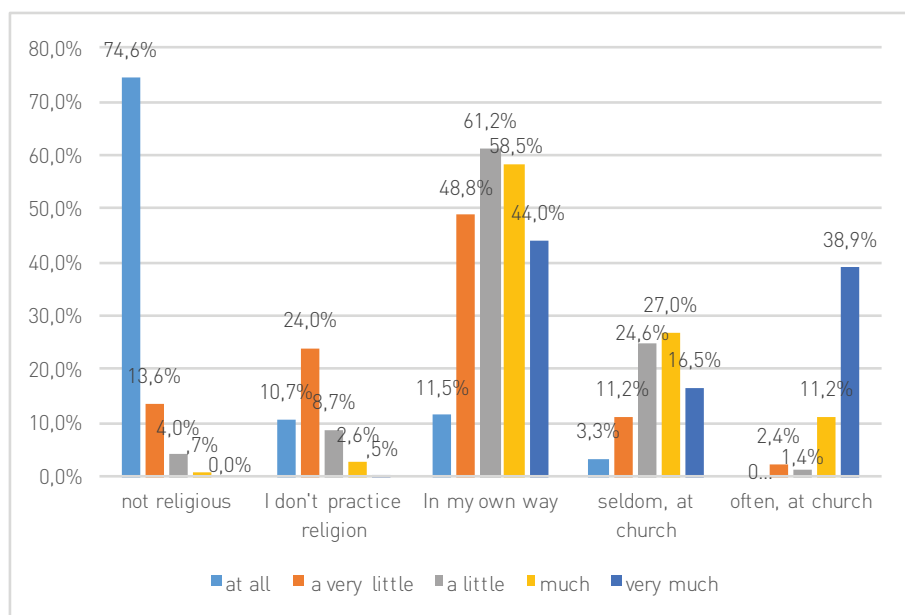


FIGURE 1: Religious practices according to the importance of religion.

As in religious cultures religiosity has been shown to be related to happiness and life satisfaction (Bartram 2011, 8), hereby we analyze the relationships between these

two dimensions. The independent variables considered were the importance of the religion in the life of the respondents and the way of practicing religion. Because these two variables have more than two categories, one-way ANOVA tests were run in order to verify if there are differences in happiness and life satisfaction according to the attitudes toward religion.

Wellbeing and the importance of religion

Although the graphs show a slightly ascendant trend for happiness and life satisfaction according to religiosity (as seen in Figure 2). The ANOVA analysis showed significant effect only in the case of happiness, according to the Welch test ($F(4, 418)=2.96$, $p=.020$). The Games-Howell post-hoc test indicated that the mean score of happiness was significantly different between those for whom religion was “not important at all” and the groups who declared that religion is much or very much important. The difference between the “religion not important” group ($M=4.98$, $SD=1.37$) and “religion is much important” ($M=5.36$, $SD=1.09$) was significant at the level of $p=.040$, and it was even more significant with the “religion is very important” group ($M=5.44$, $SD=1.15$), $p=.009$. Our data show that the existence of religion in youth’s life increases their level of happiness, but significant differences occur only if religion is much important for youth.

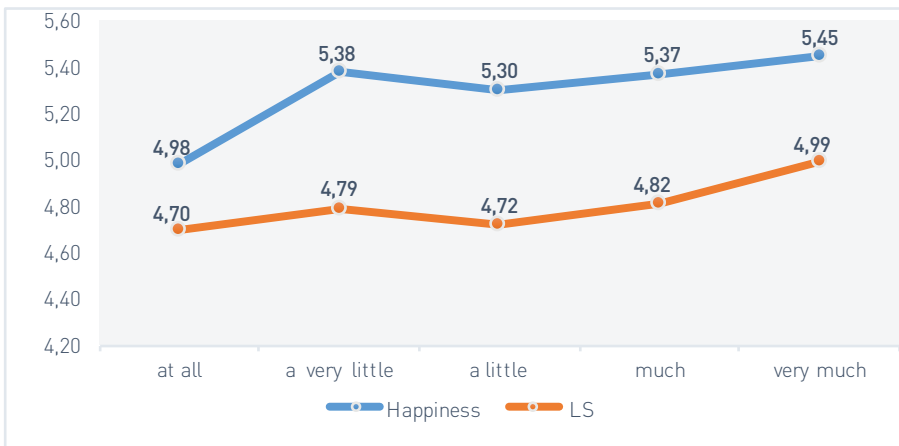


FIGURE 2: Wellbeing according to the importance of religion.

Contrary to the case of happiness, the importance of religion had no significant effect on the life satisfaction. As the previous analysis had shown, the declared importance of religion is not necessary linked to religious practices, especially to churchgoing, so it cannot provide the connectedness with same minded people which is related to life satisfaction.

The next step was to analyze if the religious practices influence the level of subjective wellbeing in the sample.

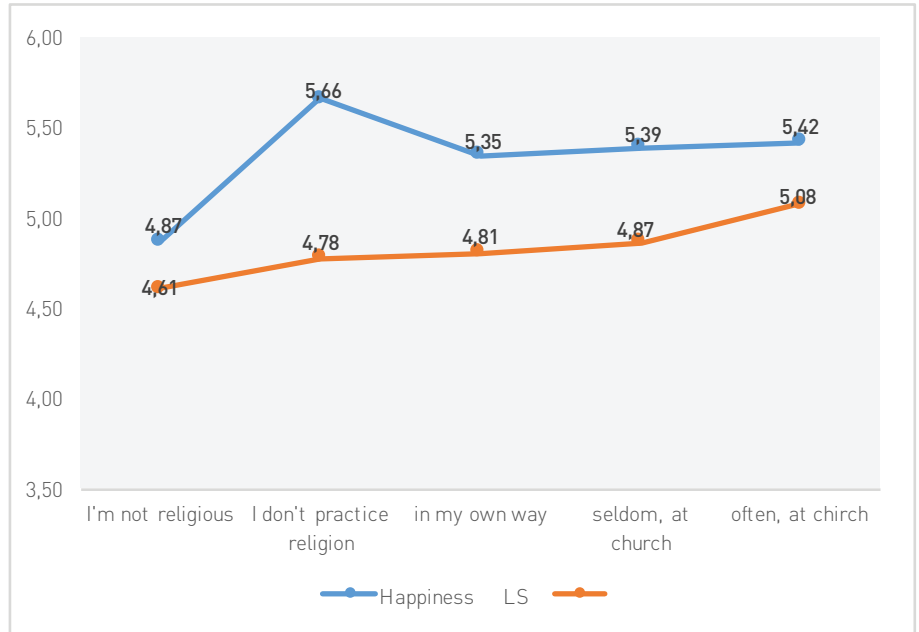


FIGURE 3: The subjective wellbeing according to the religious practices.

Happiness

As the assumption of homogeneity of variances was violated, the Welch test was run and showed a significant effect of religious practices on happiness $F(4,326)=5.43$, $p=.000$. The Games-Howell post hoc test indicates differences in mean scores of happiness between those who declared themselves as not being religious and all the other groups, including the group of respondents who declared that they don't practice religion or practice it in "their own way". The differences and the levels of significance are presented in the next table:

TABLE 1: The differences in mean happiness according to practicing religion

	I don't practice religion (M=5.66, SD=1.20)	I practice religion in my own way (M=5.34, SD=1.13)	Seldom, at the church (M=5.38, SD=1.14)	Often, at the church (M=5.41, SD=0.94)
I'm not religious M=4.87, SD=1.35	.000	.003	0.003	.001

It is noteworthy that there were significant differences only between the not religious group and the others, but the mean level of happiness didn't differ significantly between the groups who didn't declare themselves as not being religious, but practice their religion in different ways.

Life satisfaction

The way the persons practice religion had significant effect on life satisfaction, too, the result of Welch test showed (the homogeneity of variance was violated) $F(4,335)=3.40$, $p=.009$. The Games-Howell post-hoc test indicated a slightly significant difference ($p=.011$) only between the mean life satisfaction of those who declared themselves as not being religious (M=4.61, SD=1.28) and those of respondents who practice religion often at the church (M=5.06, SD=1.09).

As a first conclusion, data show that the youth who declare themselves as not being religious have the lowest level of subjective wellbeing, the differences in happiness being more accentuated than those in life satisfaction.

Stressful life events and wellbeing

In the first wave of the survey, 14.4% of youth declared no stressful life events in the last 12 month, 20.0% declared one, 20.1% two, 15.3% three, 20.9% declared four or more events. The stressful life events experienced at the time of first wave of survey had significant effect on both happiness and life satisfaction. In the case of happiness $F_{(1, 1323)}=3.06$, $p=.016$, the significant differences occurring between the group with one event (M=5.46, SD=1.06) and that of four or more events (M=5.15, SD=1.15), $p=.005$ (see Figure 4).

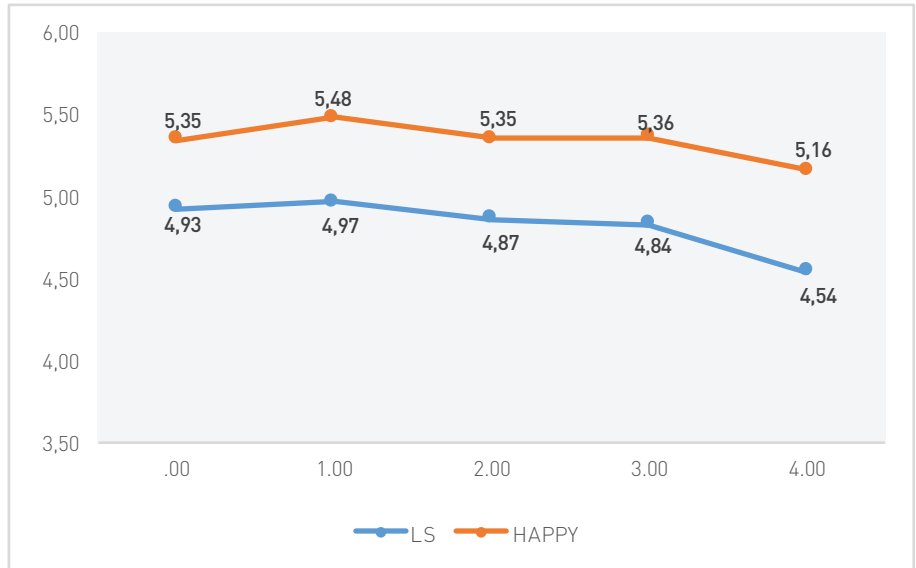


FIGURE 4: The life satisfaction according to the number of negative life events at the time of the first wave.

The negative life events experienced at the time of first wave influenced life satisfaction, too, $F_{11}(4, 1338)=5.10$, $p=.000$. The Tukey post-hoc test indicated significant differences between the mean life satisfaction of youth with four or more stressful life events and those with less.

TABLE 2: Differences in life satisfaction according to the number of negative life events at the time of the first wave

	No such events (M=4.92, SD=1.39)	One negative event (M=4.97, SD=1.20)	Two negative events (M=4.86, SD=1.32)
4 or more negative life events M=4.54, SD=1.27	.007	.000	0.017

In the second wave, 32% of youth declared no negative life event in the past year, 30.8% declared one, and 37.2% declared two or more such events. As declared in the second wave, the influence of the negative life events on the subjective wellbeing of youth is also significant. In the case of the happiness, the Welch test indicated $F_{12}(2, 965)=22.60$, $p=.000$ (the assumption of homogeneity of variance was violated). The Games-Howell post-hoc test showed significant difference for the mean happiness score between those who had experienced at least two negative life events (M=5.08, SD=1.21) and the other two groups: those who had no such experiences (M=5.50, SD=1.07, $p=.000$)

or those who had just one ($M=1.50$, $SD=1.07$, $p=.000$). The life satisfaction was also influenced by the life events experienced in the last 12 month, $F_{12}(2,1476)=38.08$. According to the Tukey post-hoc test, the significant differences being between those with two or more experienced negative events ($M=4.47$, $SD=1.28$) and the other two groups: those with no negative life events ($M=5.11$, $SD=1.22$) and those with one event in the past year ($M=4.99$, $SD=1.23$), with strong level of significance for both situations ($p=.000$). (See Figure 5.)

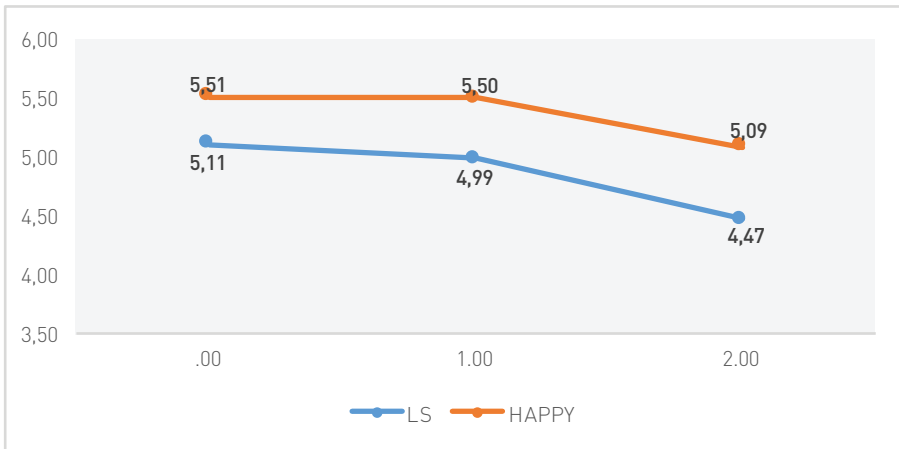


FIGURE 5: Life satisfaction according to the number of negative life events at the time of the second wave.

Life events and religiosity according to the religious practices

In order to analyze the stress-buffer effect of religiosity for youth, the effect of stressful life events on subjective wellbeing was tested in the groups practicing religion differently. In the group of youth who declared themselves as not being religious the past negative life events had no significant effect on the subjective wellbeing at the time of the second wave of survey. With respect to recent negative events, they had no significant effect on happiness, but had on life satisfaction ($F_{12LS}(2, 201)=5.21$, $p=.006$). The Tukey post-hoc test indicated slightly significant difference ($p<.05$) between the mean life satisfaction of youth with no negative life events in the past year and those with one or two such events (see table 3 for data).

TABLE 3: Way of practicing religion: "not religious/not practicing religion"

Happiness				Life satisfaction					
	M	SD	Sign	M	SD	Sign			
Negative life events in the time of first wave (t1)									
0 Lev	5.06	1.41	NS	4.68	1.47	NS			
1 Lev	5.42	1.21		4.77	1.18				
2 Lev	5.35	1.32		4.69	1.27				
3 Lev	4.99	1.39		4.61	1.64				
4 Lev	4.90	1.40		4.49	1.34				
F not sign.				F not sign.					
Negative life events in the time of 2nd wave (t2)									
0 Lev	5.39	1.29	NS	NS	4.96	1.41	NS	.018	.033
1 Lev	5.38	1.12			4.96	1.10			
2 Lev	4.96	1.44	NS	4.37	1.32				
F not sign				F(2,201)=5.21, p=.006					

In the group of youth, who declared themselves as practicing religion in "their own way", the past negative events had no effect on happiness, but had on the life satisfaction. The Tukey post-hoc test indicated significant difference between the group of youth with four or more events and the group with one negative life event. The more recent negative life events had a more accentuated effect on subjective wellbeing of youth, influencing both the happiness and the life satisfaction. The youth with two or more recent negative life events were significantly less happy, than those with one negative event and those with no such events experienced in the last year (see Table 4 for data).

TABLE 4: Way of practicing religion: "my own way"

Happiness				Life satisfaction					
	M	SD	Sign	M	SD	Sign			
Negative life events in the time of first wave (t1)									
0 LEv	5.34	1.20	NS	4.78	1.45	NS	.002		
1 LEv	5.50	1.09		5.09	1.19				
2 LEv	5.36	1.19		4.86	1.35				
3 LEv	5.38	1.08		4.78	1.22				
4 LEv	5.22	1.13		4.53	1.31				
F not sign.				F (4, 661)=3.62, p=.006					
Negative life events in the time of 2nd wave (t2)									
0 LEv	5.49	1.11	NS	.000	.000	5.06	1.23	NS	.000
1 LEv	5.53	1.00				4.98	1.24		
2 LEv	5.08	1.20				4.43	1.34		
F(2, 460)=12.15, p=.000				F(2,706)=17.98, p=.000					

In the group of youth, who mention practicing religion in the church, the past events had no significant effect on happiness, but had on the life satisfaction. The Tukey post-hoc test indicated significant difference in the life satisfaction of youth who had four or more negative life event in the past and those youth, who had just one. Recent events affect both happiness and life satisfaction, the effect being stronger for life satisfaction. The churchgoer youth who had no negative life events in the past year are significantly happier than those who had two or more. Regarding to the life satisfaction, data show that youth with two or more negative life events in the last year are significantly less satisfied with life than those with one such event, or those with no important negative life events experienced in the last year (see data in Table 5).

TABLE 5: Way of practicing religion: "at church"

Happiness				Life satisfaction					
	M	SD	Sign	M	SD	Sign			
Negative life events in the time of first wave (t1)									
0 LEv	5.51	1.05	NS	5.26	1.25	NS	.002		
1 LEv	5.51	.90		4.94	1.20				
2 LEv	5.35	1.21		4.94	1.29				
3 LEv	5.43	1.11		4.95	1.08				
4 LEv	5.22	1.01		4.62	1.14				
F not sign.				F (4, 450)=2.85, p=.023					
Negative life events in the time of 2nd wave (t2)									
0 LEv	5.56	.89	NS	.003	NS	.000	.014		
1 LEv	5.45	1.15						4.98	1.23
2 LEv	5.19	1.08						4.62	1.16
F(2, 331)=5.78, p=.003				F(2, 502)=10.60, p=.000					

In conclusion, the negative life events experienced at the time of the first wave had not influenced the happiness of youth, regardless of their religious practices. The life satisfaction of youth was influenced by negative life events, both by those happened at the time of the first wave and the more recent ones, excepting the not religious group, whose life satisfaction was not influenced by the past events. The recent negative life events influenced the subjective wellbeing of youth in all three subsamples. These results show, that the religious practices hadn't buffer the effect of negative life experiences on the subjective wellbeing of youth.

CONCLUSION

In our sample the subjective wellbeing is related to the religiosity: the youth for whom religion is not important were significantly less happy than those for whom the religion is much or very much important, but religious youth weren't significantly more satisfied with their lives than their not religious counterparts. Romania being a religious country, and one with high level of poverty and social economic difficulties (Eurostat 2013), this result is in line with the findings presented in literature (e.g. Bartram 2011,

8; Helliwell et al. 2012, 71). On the other hand, for the youth in our sample the declared importance of religion hadn't mean active religious life: only about 39% of those for whom the religion is much important use to attend often to church, and 44% declared that practice religion "in their own way", which reinforces the conclusion of Sandu, Stoica and Umbres (2014, 125) regarding the importance of religion for youth as an expression of cultural identification. Practicing religion is related to higher level of happiness and life satisfaction, but the differences are not significant between the subjective wellbeing of youth who practice religion in different ways. It means that in the case of youth in our sample, the role of religiosity is rather to give meaning to word (Lim & Putnam 2010, 915; Diener and Seligman 2004, 7, Helliwell et al. 2012, 72) and not the connectedness provided by taking part in religious activities at church.

Negative life events also influence the subjective wellbeing in our sample, both the older ones, reported at the time of the first wave and the more recent ones, reported in the 2nd wave of the research. The happiness was less influenced by past life events, as stated by Luhman et al. (2012, 593), but when young people experienced cumulatively four or more negative life events, they were significantly less happy than their counterparts with just one negative life event. The life satisfaction was more influenced by the number of negative life events at the time of the first wave, the youth with four or more life events being less satisfied with their lives than their luckier counterparts who had part from less negative life events in the past, which highlights the character of risk factor of the cumulative stress in the life of youth, with its effect on wellbeing (Compass 2004, 273). Although according to the dynamic equilibrium theory, after negative life events the subjective wellbeing is lower than before, but after a period it returns to a level close to the initial one (Diener et al. 2009, 189), our results show that the cumulative occurrence of negative life events have more lasting effect on the youth' wellbeing, than in case of fewer negative effects, for the examined two year interval. Further research is needed to test if longer intervals would change the demonstrated results. Similar to the results of B l tescu (2008, 71), the more recent life events have had stronger effects on subjective wellbeing, both happiness and life satisfaction being influenced by the number of life events, those with two or more recent life events being significantly less happy and satisfied with life, than their counterparts with fewer negative events in the last year. However, it is noteworthy that while in the first wave only 14% of youth declared no negative life events and 62% experienced two or more, in the second wave 32% had not reported negative life events in the last year and 37% mentioned two or more such experiences. In the frame of our data the period after graduation from high school seems to be a more peaceful period for youth than adolescent years.

The buffer effect of religion in the front of negative life events mentioned as such by Helliwell et al. (2012, 71) was not detectable in our sample. The negative life events influenced the subjective wellbeing of youth in all three groups, regardless of their

religious practices. These data point out, that among the youth from our sample the level of subjective wellbeing is higher among the religious youth, but they are as vulnerable as the others in the case of negative life events, their wellbeing being affected regardless of their religious attitudes.

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FAMILY AND HAPPINESS: AN EXAMPLE OF RESULTS FROM TWO REGIONAL STUDIES IN SAXONY/GERMANY

INTRODUCTION

Do you believe that one needs a family to be happy, or do you believe, one can live equally happy alone? This is a recurring question from the German General Social Survey (ALLBUS)¹. The majority of 18 years old or over (approx. $\frac{3}{4}$) agree with the first statement - stating that they regard family as a requirement for (their) happiness.

At the Evangelische Hochschule² in Dresden (Germany) two studies on this topic have been carried out. These studies have been brought together for the first time in this article. In 2013 the Research Institute³ within the Evangelische Hochschule were tasked by the Sächsische Zeitung (regional daily newspaper) with generating a family compass⁴ for East Saxony.

The main questions to be answered, through the empirical research, were as follows: What is a family-friendly community? Where do families feel welcome and at ease? Where are the conditions provided, in which people can settle as a family? The aspiration of the study was to gather for the first time data regarding "family-friendliness" from communities in East Saxony and, from this, open up the possibility of deriving new policy recommendations to promote family-friendliness.

In 2014 a Happiness-Questionnaire⁵ was developed for Saxony, by scientists from the Evangelische Hochschule in co-operation with the Sächsische Zeitung. A wide

1 The German General Social Survey (ALLBUS) collects up-to-date data on attitudes, behavior, and social structure in Germany. Every two years since 1980 a representative cross section of the population is surveyed using both constant and variable questions (<http://www.gesis.org/en/allbus/allbus-home/>, accessed February 23, 2016).

2 Protestant University of Applied Sciences, <http://www.ehs-dresden.de>

3 <http://apfe-institut.de>

4 Family Compass: Readers aged 18 and over, living in the area of distribution for the Saxonian Newspaper, were invited to take part in the survey. Special questions, in relation to childcare and school, were given to those with children in pre-school and school age. Participants filled out the survey either offline using a printed copy or online using a link provided. (Random) sampling was omitted due to the difficulties of controlling the self-administered survey process. In order to maximize participation, the participants were motivated by means of a lucky draw (those who took part had the chance to win something), a further non-material incentive came in the form of the results being published in the Newspaper in the near future. Field and response time: The survey was available to complete from 13.4.2013. The survey was printed multiple times and were available at Kitas (nurseries) and as a supplement to the newspaper. The last opportunity to complete the survey online was 19.04.2013. In total 10,759 participants took part in the research, with a total of 10,398 after data cleansing. From this number 65% had completed the survey online.

5 Happiness Study: The study with the title "How happy are the people of Saxony" had two goals, firstly the assessment of satisfaction within readers in the distribution area of the Saxonian Newspaper and secondly, the assessment of central categories of people who were socialized before and after the political change (1989) in Germany. The framework of operation was similar to that of the Family Compass study (lucky draw, survey methods and population). Field and response time: Start of the survey was 20.06.2014. Last online access was 13.07.2014. In total 12,672 people took part with a total of 10,433 and after data cleansing. From this sample 68% completed the survey online.

spectrum of ideas pertaining to aspects of satisfaction and the reasons behind this were able to be brought into question within this investigation. Such as - how happy are people who live in Saxony and which factors contribute to this.

This article presents the basic considerations regarding operationalisation and outlines the applied variables used in both studies. The combined results of the two studies Family Compass and Happiness Study Saxony focus on the question of: How closely are “the feeling of happiness” and “life in a family context” related. Furthermore, through organisation and consideration of the results regarding which people are happiest or least happy paired with their location in Saxony, arguments could be drawn of which locations in Saxony the participants view as family-friendly (or unfriendly).

OPERATIONALISATION

Quality of life and well-being can, according to Noll, be found under the umbrella term welfare. Within the social science field of welfare two key concerns of social reporting are commonly identified: a) to work out criteria for what’s named a good life and to undergo a target-performance comparison and b) Observation of the direction and the extent of social change, in order to be able to describe the extent to which it can make the lifestyles of individuals or groups in a society better or worse. Well-being is then an interpretation of welfare which places the individual, its’ perceptions, definitions of situations, cognitive appraisal and states of feelings in the foreground. (Noll 1999, 3). Whereas the concept of quality of life (under the conceptual umbrella term of welfare) can be understood as a multidimensional concept, which contains both subjective and objective, along with material and non-material components (Noll 1999).

The Quality of Life Approach, from the Finnish sociologist Erik Allardt presents a synthesis of the “level-of-living” approach (with a focus on objective indicators of welfare and quality of life) and the “quality-of-life” concept (meaning of subjective perceptions and appraisals).

Through the triad of “Having”, “Loving” and “Being” three categories of basic needs can be distinguished. “Having” speaks of material resources and requirements, “Loving” describes the social need of an individual to have social contact and furthermore a feeling of belonging, lastly “Being” pertains to the drive for integration within a community, recognition and self-actualisation (Allardt 1993; Noll 1999; Böhnke & Kohler 2007). The last-mentioned aspect can be further discussed in relation to the works of Sen (1993) regarding the relationship between capabilities and well-being and the role this plays in both political responsibility and institutional guidelines (Böhnke & Kohler 2007). The aspiration of social reporting is to compare real living

conditions with "formulations" within the political discourse in a target-performance comparison. To achieve these expectations the inclusion of "possibility margins" (Sen: "capabilities") seems to be fruitful.

There have been multiple attempts to describe well-being theoretically, find determinants and indicators and make this term empirically measurable. This with a spectrum ranging from focussing on the individual and their predisposed genetic makeup and individual personality traits (within Biology and Psychology) to economic considerations of an individual's use of living conditions through to sociological and social-psychological approaches, that primarily focus on the influence of social status, income, education, job-opportunities and social relationships on the measurement of perceived satisfaction of life (Böhnke & Kohler 2007).

All attempts agree on the need for the concept of well-being to be explained empirically in a multidimensional way (Dodge, Daly, Huyton & Sanders 2012). In response to this requirement, McNaught drafted the so called definitional framework of wellbeing: The four domains of the framework are individual wellbeing, family wellbeing, community wellbeing and societal wellbeing. (...) The framework perceives wellbeing as being dynamically constructed by its actors through an interplay between their circumstances, locality, activities and psychological resources, including interpersonal relations with, for example, families and significant others. Individuals alter their own accounts of their lives with reference to four domains (Placa, McNaught & Knight 2013, 118).

The following empirical studies in this article (in co-operation with a daily paper from Saxony) has to deal with restrictions regarding the operationalisation on multiple levels. The studies are conceptionally based on the previously summarised model from Allardt and aware of its multidimensional nature and the mentioned target populations (see for example McNaught). Nevertheless the researchers had to limit their selection of the indicators, due to the restricted space given (one page of a Newspaper). As a result the dimensions of "Loving" and "Being" were selected and focussed on in relation to community and family, whereas the aspects "Having" and "Society" were barely touched on.

The operationalisation of the Happiness study primarily considered the central question pertaining to the measurement of the (cognitive) satisfaction of life. The very question which has been continually asked, both worldwide and in West Germany since 1978 (in the Welfare Survey), as well as, in the reunited Germany during the inquiries of the Social Economical Panels ⁶ (SOEP; DIW 2014). The wording of the question was as follows: "How satisfied are you with your life, all things considered"? Besides asking

⁶ The German Socio-Economic Panel (SOEP) is a wide-ranging representative longitudinal study of private households, located at the German Institute for Economic Research, DIW Berlin (<http://www.diw.de/de/soep>).

about general satisfaction levels it is usual to ask about satisfaction in individual sections of life (such as Health, Work, Standard of Living, Family-Life) (see such as German Socio-Economic Panel (SOEP) or European Quality of Life Questionnaire (EQLQ)). Numerous studies point to the argument that factors such as the quality of a community, the social position of a person and the life-skills of an individual, play a major role in happiness and well-being (Veenhoven 2011). Table 1 gives an overview and presents at the same time results of correlations from the Happiness study.



FIGURE 1. Results of correlations, own calculations based on Veenhoven (2009).

Also for the Family Compass the project team uses influences from different concepts. The term family-friendly (of a place, of a community) was described by Kapella (2007, 17) as "(...) all actions (...), that support individuals or groups of people in their performances and activities, that they provide for family members". For communities, this means that it is certain that the **interests of families, children and youth** are taken into account in municipal actions and the **attractiveness of a location** increases (ibid. 18; emphasis in original).

In accordance to the concept of well-being of children (UNICEF, OECD), the Family Compass concentrates on (in its selection of dimensions) relationship to family and peers, health and safety as well as, behaviour and risk. It does less focus on material well-being, education and subjective well-being. In a further concept, which deals

with the good growing up of children (within social reporting), the idea of “margins for action” (Handlungsspielraum) has been put forward. Nahnsen (1975) focuses on socially effected circumstances which determine the measurement of possible development and realisation of interests. The supply and income margin describes the extent of the potential supply of goods and services. Contact and co-operation margin determine the extent to which one can get into contact with another. Furthermore the learning and experience margin refers to the conditions of learning and the leisure and regeneration margin are, for example, stress and strains in the environment. Lastly the disposition or participation margin asks how extensively each individual is able to decide on certain areas of life (Leu 2002).

The following table (2) presents a grid of the operationalisation of these margins. This grid represents social-economic resources on different levels. Accordingly, the individual fields in the table can be filled with indicators. For example, the availability of contact with other children and play areas (resource in the social environment) is essential for the quality of the contact and cooperation margin. A child-friendly living environment without road danger (resource in a social environment) along with options for schools and/or childcare (institutional resource) are indicators for the learning and experience margin. The markers in the table show that the survey for the Family Compass refers to, on the most part, the social environment of the community in which the participants live.

TABLE 1. Margins of action and social-economic resources, operationalisation-grid.

Margins	Resources			
	individual	familial	social	institutional
Provisions & Income				
Contact & Co-operation			X	
Learning & Experiences		X	X	X
Leisure & Regeneration			X	
Disposition & Participation				X

RESULTS

The following presentation of selected results begins with the question which items are of significance for the feeling of happiness for the (interviewed) population of Saxony and additionally brings these items into a ranked order. Table 3 presents the bi-variate

correlation (Pearson) for each item (based on the SOEP Survey, see table 1) and shows the ranked order of these (possible) influencing factors.

It is apparent from the results, that perceived standard of living along with other economic factors (i.e. job integration) are more important in determining a feeling of general satisfaction than factors such as family life or life skills (health or sleep). Nevertheless, the influence of satisfaction within family life on the feeling of happiness is significant and strengthened when tested by regression (the third most important influence following standard of life and job situation). From these results it can be seen that individual circumstances explain life satisfaction only partially.

	Correlation Value	Satisfied with...	
General Satisfaction	↙ 0.534819	Standard of Living	Community Quality
	↙ 0.511514	Work Situation/Daily Life	Social Position
	↙ 0.478221	Household Income	Community Quality
	↙ 0.462014	Family Life	Social Position
	← 0.446204	Health	Life-Skills
	← 0.444235	Leisure Activities	Life-Skills
	↖ 0.398643	Friendship Circle	Social Position
	↖ 0.382303	Housing	Community Quality
	↖ 0.362936	Love Life	Life-Skills
	↖ 0.335229	Sleep	Life-Skills

Significance Level $p < 0.01$ (2-sided)

FIGURE 2. Pearson correlation of general satisfaction.

Further tests were carried out on the extent to which living circumstance has an influence on life satisfaction. Living circumstance was separated into; Family Household (family, from 3 people in a household/for single parents from 2 people in a household) and Single Occupancy Households/Household without Children.

TABLE 2. Means for family households and households without children, T-test, Happiness study.

	Family, from 3 people in a household/for single parents from 2 people in a household		Single Occupancy Household, Households without Children	
General Satisfaction**	8.00	↑	7.88	Community Quality
Housing**	8.82	↓	9.07	Community Quality
Family Life**	8.64	↑	8.35	Social Position
Standard of Living**	8.53	↑	8.30	Community Quality
Friendship Circle	8.41	=	8.36	Social Position
Health**	8.11	↑	7.51	Life-Skills
Leisure Activities**	7.52	↓	7.93	Life-Skills
Sleep	7.48	=	7.41	Life-Skills
Work Situation/daily life**	7.43	↓	7.62	Social Position
Love Life**	7.35	↑	6.95	Life-Skills
Household Income	6.93	=	6.96	Community Quality
<i>1 = completely dissatisfied, ..., 11 = completely satisfied, **p<0.001</i>				

People who live in a family are generally happier than those who live in a household without children. Familial context has a positive effect on perceptions of the standard of living (for the same assessment of household income; see also Veenhoven 2009). Those in a family household rated their standard of living significantly higher than those not living in a familial context. On the other hand, those living in a household without children, find happiness in their flat/house, social position at work (and less so in family) and also in forming life skills within their free-time activities (see also McNaught 2013). Particularly noteworthy is that satisfaction with one's health is higher in people who live in a familial context than living in a household without children.

Despite the presented differences, the determinants of happiness are similar regardless of type of household (with or without children). A strong correlation was also found within both groups regarding the perceived feeling of loneliness, showing a correlation value of 0.47 with the satisfaction question.

A conclusion of Böhnke and Kohler (2007) argues that individual circumstances only serve to explain life satisfaction to a certain extent. Instead it is cultural, economic

and political frameworks that are important. The authors use Inglehart's theory of modernisation to differentiate between groups of countries. In the old European member states standard of living plays a role, but indeed also social integration, families and social networks. According to Böhnke and Kohler the standard of living has a deciding influence particularly within countries undergoing economic transition. In the presented Saxony Happiness Study the standard of living displays the biggest correlation value of all the factors (see table 3), even when differentiating between subsamples of respondents who were socialised before and after the change in Germany in 1989, as well as place of origin West Germany or respectively East Germany. Admittedly, for the respondents socialised after the change and with West Germany as place of origin, family life is the second main determinant. In contrast, for East Germans socialised before the change, work is the second main determinant for evaluating happiness.

As discussed at the beginning of this article, the statement "family means happiness" received high levels of agreement. The results from the ALLBUS in Saxony reported a value of 80.4 percent which is 5 percent points higher than the average German result (ALLBUS 2010). This is further reflected in the Family Compass with a value of 82 percent. However, life with children proved to be ambivalent and parents are not per se happier. The Family Compass was developed to investigate frameworks (see with Kapella 2007) for families and to identify local/community deficits.

In this survey, general and special items for families with children at nursery and school age were developed. In the following section the average values for general items are presented and are further differentiated (the same as for the happiness survey) in terms of differences in opinions within and outside of a familiar context. It is important to note (for understanding table 5) that the lower the value, the better the assessment. The neighbourhood, green areas and shops are well evaluated in East Saxony, whereas the amount of children's doctors, safe routes to school and the amount of day-care are criticized. The evaluation by parents with underage children appears more critical, in comparison to that of non-family and no-longer family households. Although the neighbourhood is evaluated as tolerant and open to children, almost all institutional frameworks, in particular those of community, are more poorly evaluated by the parents than the comparison group (see Nahsen 1975 and Table 2).

TABLE 3. Means for family households and households without children, T-test, Family-compass study.

	Families		No Children <18	Total
Tolerant Neighbours **	1.9635	↑	2.1478	2.0182
Neighbourhood cares for children**	2.88	↑	3.04	2.92
Children in the Neighbourhood**	2.44	↑	2.98	2.6
Presence of Trees or Green Areas *	2.4986	↑	2.5712	2.5202
Children-friendly Shops**	2.62	↑	2.68	2.63
Ease of getting to children's Doctor*	2.57	↑	2.88	2.65
Getting a quick doctors appointment**	3.4122	↓	3.2159	2.904
Enough Children's Doctors**	3.33	↓	3.24	3.3
State of the Play Areas**	2.85	↓	2.68	2.8
Community Does a Lot for Families**	2.79	↓	2.68	2.76
Place for Playing	2.81		2.8	2.81
Things to Do in Free-time	2.78		2.82	2.79
Enough Nursery Places **	3.4122	↓	3.2159	3.3596
Choice of School Profiles**	2.95	↓	2.6	2.86
Enough Schools**	3.11	↓	2.89	3.05
Traffic Noise in the House/Flat	2.6493		2.7064	2.6663
Heavy Traffic **	3.021	↓	2.9037	2.9862
Road Traffic Endangering Children **	3.2028	↓	2.9542	3.1286
Safe Path to School**	3.8362	↑	3.6912	3.795

1= Fully Applies,...., 5=Doesn't Apply at All, **p < 0.001, *p<0.01

The Sächsische Zeitung gave the political framework a multitude of homework with the data from the Family Compass, ranging from the situation of the playgrounds, through to the congestion and absence of day-care spaces, school profiles and children`s doctors. This is the only explanation as to why, regions with a high density of children (the Dresdner Neustadt) receive such a critical assessment. Families are not necessarily founded where family-friendliness is high, but rather where families already are. This is how Lois (2013) comes to the conclusion that, the possibility of becoming parents (having first child) increases for a couple, when a large amount of friends, acquaintances or relatives are already parents.

Dresden has shown in the Family Compass, however, that the resources for the growth of families cannot be offset by the community fast enough. This is also confirmed in the results of the happiness survey the following year, where once again the medi-care (density of general practitioners, medical specialists, patient appointment scheduling, waiting time in the medical practice, quality of treatment) is repeatedly criticized. Hence the most family-friendly region is not located in, but near, Dresden – Tharandt is the most family-friendly town in East Saxony. The reasons are solidarity and the clubs and societies, according to the families who live in the city (Sächsische Zeitung, 10.07.2013, p. 3).

The reason for the happiest place is similar: Church, carnival, active clubs and societies. The residents of Wittichenau are [...] the happiest Saxons and the three K`s (in German: Kreuze, Kappen, Klubs) are the cornerstone of their satisfaction. Not necessarily the money (Sächsische Zeitung, 11./12.10.2014, p. 3). Happiness is not only fed by the (nuclear) family but also by the solidarity of the extended family and community, this appears to be central to a fulfilled life. With this a bridge to the classics of the sociology is built: Emile Durkheim argues that community is stable when it has the ability to integrate. Also Ferdinand Tönnies and Max Weber give priority to community over society, in relation to the feeling of togetherness. In Wittichenau “[...] everything is so wonderfully peaceful. Air and streets are clean, glossy overlapping pathways, horses, willows, tradition and togetherness.” (ibid.). The data from the happiness survey also shows, that religious people are happier. The religious ideas are collective images that express collective objectivities (Durkheim 1998, 28).

In the unhappiest place in Saxony – Seiffhennersdorf – integration fails to succeed: vacancy, decay, a meanwhile closed middle school for which they still fight for, crime on the border, unemployment, ageing of the population. From a former population of almost 10.000, to only 4.000 people living in Seiffhennersdorf. (Sächsische Zeitung, 11./12.10.2014, p. 2). Empirical differences of household income, standard of living and health between the two aforementioned locations can be observed. There are also substantial differences in concepts of the afterlife, when it comes to transcendence the residents of Seiffhennersdorf look unhappily into their future: Only 20 percent believe in life after death.

TABLE 4. Representation of means in Wittichenau and Seifhennersdorf, Happiness study.

	Wittichenau	Stadt Seifhennersdorf
Satisfaction _Total Value	8.19	5.74
Satisfaction Free-Time Activities	7.95	5.95
Satisfaction Work/Daily Life	7.71	5.38
Satisfaction Household Income	7.33	4.35
Satisfaction Family Life	8.86	6.91
Satisfaction Friendship Circle	8.38	7.41
Satisfaction Health	8.00	5.61
Satisfaction Lovelife	7.48	6.23
Satisfaction Sleep	7.76	6.96
Satisfaction Flat/House	8.52	8.14
Satisfaction Standard of Living	8.38	5.87
Further Differences:		
I believe in life after death.	85.7%	20%
Average Age	44.67	55.94

1 = completely dissatisfied, ..., 11 = completely satisfied

CONCLUSION

Even if life within a family does not always make you happy, family life still contains important factors for integration. According to Durkheim (1999, 59), a corporation that provides cohesion, should replace the dissolved extended family. Thus, the value of the definitions of the social-demographic items is minimal. However, networks and families are still as important, when it comes to happiness and the success of family life, as a stable commonwealth. At least that is what can be observed from the comparison of the two locations in Saxony. Furthermore, the Family Compass has shown that familial life requires a framework. In this case the communities have to improve their infrastructures. However, the reasons for starting a family (similar to happiness) do not lie within the infrastructure, or within the individual (in the social-demographic items) but in the Social sphere (social contagion, integration, living environment, community). Last but not least, the origination of movements such as PEGIDA (Patriotic Europeans

against the Islamisation of the Occident) is a warning sign of a lack of integration and stability.

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Timo Toikko and Teemu Rantanen

PSYCHOLOGICAL AND SOCIAL APPROACHES TO SUBJECTIVE WELLBEING: AN ANALYSIS OF FINNISH YOUTH WELLBEING

INTRODUCTION

Young people's wellbeing is at the top of European political agenda (e.g., OECD 2011; Currie et. al. 2012). The recent challenges of wellbeing are identified in education, employment, social inclusion and health (Daly 2011; EU 2009; Wyn 2011). The welfare states have tried to tackle the challenges by creating both universal and selective public services. The governments have also tried to promote wellbeing and prevent social risks. On the other hand, it is argued that policy discussion has been changing from negative issues to positive aims. For instance, discussion on social participation has replaced social exclusion as a key element in European policy documents (European Commission 2009). The change might be just a rhetorical one and thus discussion on participation and exclusion can be seen as two sides of the coin. However, the issue indicates a fundamental question of whether social policy should be addressed in order to prevent social risks or whether it should be focused on strengthening the individual's personal abilities to manage their own life (Jordan 2008; Segal 2010).

Discussion on wellbeing can be focused on psychological and social issues. A psychological perspective emphasizes that wellbeing can be created by supporting young peoples' personal abilities and skills (Romano 2014). The objective is to support individuals' capacity to play an active role in society. Thus, this perspective highlights individuals' psychological (cognitive) capacity as a basis of wellbeing. On the other hand, wellbeing can be approached by paying attention to social support that helps to attenuate the challenges of life (Minguez 2013). From this perspective the objective is to secure a situation whereby young people will have social support in all possible phases of their life cycle. In this sense, policymakers and public agencies have two distinctive measures to develop societies for answering the needs of citizens: psychological and social perspectives.

In recent research, the concept of subjective wellbeing has been approached from various directions (Copp & Plimmer 2013). Some scholars have focused on the question of what wellbeing is. This approach has sought to explicate the various components of subjective wellbeing (Diener 2000; Dolan, Layard & Metcalfe 2011; Dolan & Metcalfe 2012). For instance, it is a widely-shared view that the concept of wellbeing includes both cognitive and affective components. A second strand of

research has emphasized how subjective wellbeing can be divided into personal and social dimensions (Kahneman et al. 2004; Michaelson et al. 2009; Forgeard et al. 2011; Diner & Tov 2012). Personal wellbeing centers on people's sense of how they are feeling within themselves and on their lived experience. Social wellbeing, on the other hand, refers to how people experience their connections with others and the strength of those relationships. Finally, some researchers have concentrated on the determinants of subjective wellbeing (Viner et al. 2012; Curries et al. 2012). This approach focuses on how wellbeing can be supported, and aims to contribute to the political decision-making process.

This present study examines young people's self-reported wellbeing in a Finnish context. In general, Finnish young people are satisfied with life (e.g., *Young people in Finland*, 2010) and they have performed very well in international school achievement tests (Reinikainen 2012). Their wellbeing is widely studied, mainly from the perspective of health (see for instance Lammi-Taskula, Karvonen & Ahlström 2009; Luopa et al. 2010; Mustonen et al. 2012; Shemeikka et al. 2014). Despite these generally good outcomes, however, academics have raised concerns about at-risk youth and families. Problems such as lack of education, mental health problems, and family financial difficulties impact on children's later wellbeing (Kallunki & Lehtonen 2012; Paananen et al. 2012).

The concept of wellbeing is divided here into two components, cognitive and affective, which are approached from both psychological and social perspectives. The social determinants of wellbeing refer to social risks, and the psychological determinants emphasize how human wellbeing depends, above all, on personal characteristics such as perceived control. The study seeks to understand whether young people's subjective wellbeing, and especially its cognitive and affective components, can be explained in terms of psychological or social determinants.

FINNISH CONTEXT OF SOCIAL POLICY

Finland is an example of the social democratic welfare model (others include Denmark, Iceland, Norway, and Sweden), in which the state has the main responsibility for welfare (see Esping-Andersen 1990).⁷ Finnish society has followed the principles of the social democratic welfare model for providing universal public services, which are easily accessed by all citizens (STM 2013). Daycare for children and a comprehensive school system are examples of universal public services. Children have a right to attend daycare from birth until the age of six years, and pre-primary and basic education

7 The classical definition is based on Gøsta Esping-Andersen's (1990) three regimes of welfare states: Anglo-American, Nordic, and Continental. The Social Democratic model emphasizes the state's responsibility for welfare, while the Anglo-American model centers on the responsibility of individuals, families, and communities.

are provided free of charge to all pupils. Vocational and higher education, including postgraduate studies at universities, are also provided free of charge to students. The broad range of various universal services is typical for the social democratic welfare model, but along with them, society offers also selective services for at-risk citizens. For instance, family social work is focused on families in need of extensive social support. In this sense, the Finnish social policy system contains both universal and selective public services.

The social policy system can be approached also from the perspectives of prevention and promotion. Finnish society takes responsibility for providing a broad range of preventive health and social services, which for instance include child health clinics that monitor and support the physical, mental, and social development and health of all children under school age. The aim of preventive measures is to reduce the consequences of social risks. On the other hand, society promotes wellbeing by putting attention, for instance, on education which prepares children and young people's capacities to manage their lives. Furthermore, the public sector has also invested in youth work and youth centers, and these are all examples of societal interventions that can support young people's autonomy and their peer relations while also indirectly supporting their cognitive wellbeing.

Traditionally, the social democratic welfare model has implemented various national programs to secure people's lives against social risks such as retirement, sickness, and unemployment (Alestalo, Hort & Kuhnle 2009; Anttonen & Sipilä 2012). During the last two decades, sociopolitical discussion has shifted to consideration of the so-called "new" social risks (Taylor-Gooby 2004), which can no longer be addressed by national programs alone. These new social risks may affect people at different critical stages of their lives or when facing life events such as the birth of a child, leaving the parental home to start a new family, divorce or a partner's death, or ill health of a family member (Lorentzen, Dahl & Harsløf 2012; Kauppinen et al. 2014). Because these new risks are socio-cultural in nature, they cannot be prevented by national programs alone, but also require local and personal actions (van Ewijk 2010). The social policy system has been diversifying during the past decades.

On a general level, a key issue of Finnish social policy is addressing the kind of societal measures which support young people's subjective wellbeing. On the one hand, society has invested in proactive measures aiming at the individual level, but on the other hand attention is put also into preventive measures which are available for all citizens, but which (relatively speaking) benefit mostly at-risk people. Furthermore, society offers corrective measures, which are selective in their nature.

CONCEPTS

In this article, subjective wellbeing is explained by psychological and social perspectives. Psychological determinants are referred to as “locus of control”—that is, whether people believe they can control their own lives. Social determinants relate to risks such as financial problems and difficulties in managing one’s life. As well as considering the significance of social support, four key concepts will be elaborated.

The first of these is the concept of subjective wellbeing⁸, which can be approached from various perspectives (Dolan & Metcalfe 2012). Wellbeing can be examined, for instance, in terms of life satisfaction, in which a sense of wellbeing is based on the individual’s assessment of their life situation (Diener et al. 1985). This evaluation is presumed to be based on cognitive reflection and rational thinking, where positive life satisfaction motivates people to pursue and reach their goals. Another way of measuring subjective wellbeing is based on emotions. Emotional wellbeing is seen to contribute to upward spirals in coping ability, self-esteem, performance, and productivity at work. This positive side of emotion is one of the most studied facets of wellbeing (Watson, Clark & Tellegen 1998). However, a variety of experimental results show that negative emotions tend to be of longer duration, and that the negative affective system produces stronger emotional responses than its positive counterpart (Larsen 2009). In addition, the negative affective system is seen to be more reactive.

The second concept, locus of control, refers to whether people believe they can control their own lives. The theory of locus of control was initially proposed by Julian Rotter (1954). Rotter conceptualized the locus of control in terms of how an individual perceives reinforcement (rewards, favorable outcomes, or goal accomplishment). Rather than attributing their situation in life to other people, individuals with a high internal locus of control believe that events in their life derive primarily from their own actions. In contrast, those with an external locus of control (Kormanik & Rocco 2009) perceive reinforcement as owing to luck, chance, fate, or factors beyond one’s control. In this sense, people can be divided into two groups: those who attribute the outcomes of their actions to internal factors such as their own efforts and skills (internals) and those who tend to attribute the outcomes of their actions to external factors such as fate or destiny (externals) (cf. April et al. 2012).

Locus of control is recognized as one of the key psychological elements of wellbeing (Stocks, April & Lynton 2012), and much of the body of psychology literature is given over to assessing the determinants of an individual’s locus of control. For instance, it is said that a locus of control is formed during childhood and stabilizes during adolescence. On the other hand, it is assumed that parents can influence their children’s locus of control through their parenting style. Children are seen to be more

⁸ Objective wellbeing refers to a list of objective social determinants that includes age, health, environment, employment and personality (Turner 2011).

likely to develop an internal locus of control if their parents encourage autonomy and implement a consistent system of reward and punishment. Stressful life events are also considered to make an external locus of control more likely. Finally, although the empirical evidence for this is inconclusive, an individual's locus of control may evolve over the life cycle as his or her physical and mental health changes (Baron & Cobb-Clark 2010).

Social risk is the third key concept which can be discussed in terms of old and new risks. Old risks (retirement, sickness, and unemployment) are strongly related to income problems, and these risks clearly undermine citizens' abilities to fare well in their lives. Traditionally, the welfare states have tried to mitigate the effects of old risks through social security programs. On the other hand, in recent years, academics have been discussing new social risks such as failing to form a family, becoming a single parent, failing to balance family and work obligations, failing to achieve appropriate educational credentials, or failing to get a stable foothold in the labor market. Because they are sociocultural in nature, these new risks can no longer be addressed by national-level social security programs alone (van Ewijk 2010). Instead, attempts must be made to prevent these risks by means of local and individual actions. The appellation "new" does not imply that these risks are entirely new phenomena (Taylor-Gooby 2004), but refers to their comprehensive scope and their consequent impact in creating need, in terms of both welfare and wellbeing. It has been claimed that new social risks affect people more at certain life stages, including during one's youth (Lorentzen, Dahl & Harsløf 2012; Kauppinen et al. 2014). According to Bonoli (2005), women, the young, and the low-skilled are most typically affected by new social risks.

The fourth concept, social support, is multidimensional in nature with different structural and functional aspects (Nunes et al. 2011). Its most commonly cited functions are: emotional support, as in intimacy, attachment, comfort, care, and concern; material support, which refers to the provision of material assistance; and informative support, which involves advice, guidance, or information relevant to one's situation (cf. McKee-Ryan et al. 2005). On the other hand, social support may also be focused on the structure of interpersonal relationships, referring to the existence and quantity of social relationships: marital status, group memberships, the number of friends one has, and the interconnectedness of one's social relationships or social network (the degree to which a person's friends know each other). This type of social support is most frequently measured in terms of the existence of, or contact with, potentially supportive persons (cf. Turner 1999).

The interest in interpersonal relationships has increased over the last few years in light of the evidence that the availability of social support may favorably affect a person's health and emotional wellbeing. Both seeking and receiving help from other people is an important form of coping activity, and social help or emotional support

may protect individuals from the negative consequences of major problems. According to Rönkä et al. (2013), loneliness is associated with deliberate self-harm, and should be considered a risk factor for diminished health and wellbeing. Family and parental help have also been found to be hugely important in protecting Nordic youths against deprivation (Latta 2007), but as parents' ability to support their children is unevenly distributed, this obviously carries a risk of reproduction of disadvantage.

RESEARCH DESIGN

In this study, psychological and social aspects of the subjective wellbeing of Finnish young people were examined with regard to two components: cognitive and affective wellbeing. The cognitive component is unidimensional and derives from a reflective appraisal of one's life over the longer term (Diner et al. 1999; Warr 2007). Affective wellbeing is studied in its negative state, which corresponds to unpleasant moods and emotions that result from the individual's evaluation of life events at a specific point in time (Diner et al. 1999). While the affective and cognitive components of subjective wellbeing correlate to some extent (Diner 1994), the two components can diverge and behave differently in some circumstances, moving in different directions over time and correlating differently with other variables (Ribeiro Larsson 2013). Following the recommendation of Diners et al. (1999), the affective and cognitive components of subjective wellbeing were therefore investigated separately.

Psychological determinants relate to the concept of locus of control. Rotter (1954) described the internal and external components of locus of control as opposites, so viewing the concept as unidimensional. Subsequently, Wong and Sproule (1984) argued that the internal and external components are separate dimensions of control, while Levenson (1973) divided the external dimension into two components: powerful others and chance (cf. Lefcourt 1976). The question of the number of dimensions remains a matter of theoretical discussion. In this study, attention is focused on the internal aspects of control.

Social determinants include both old and new social risks like unemployment, long-term sickness, difficulties in managing life, housing problems, income problems, mental health problems, alcohol problems, and difficulties in managing working life. Hence, the research question is as follows: Can subjective wellbeing, and in particular its cognitive and affective components, be explained by psychological or social determinants? The study is based on two models of explanation and both models are examined from the perspectives of the cognitive and affective wellbeing. The psychological model is examined related to two hypotheses:

H1: Young people's cognitive wellbeing depends positively on internal locus of control.

H2: Young people's affective wellbeing depends positively on internal locus of control

And similarly the social model is studied with two hypotheses:

H3: Young people's cognitive wellbeing depends negatively on perceived social risks.

H4: Young people's affective wellbeing depends negatively on perceived social risks.

The study was conducted in the Etelä-Pohjanmaa region of Finland, which had 194,058 inhabitants at the end of 2012, representing 3.6% of the total population of Finland. The study focused on young people aged 16–18 years. There were 7,040 young people (16–18 years) in the Etelä-Pohjanmaa region at the end of 2012, representing 3.6% of all young people in that age range in Finland. In this study, 56% of respondents were students at vocational schools and 44% attended high schools. Data were collected from students during class hours by means of an electronic questionnaire in April and May 2013. The questionnaire contained 90 questions. A total of 180 students answered the questionnaire; 57% were male and 43% were female students. According to the regional statistics, at the end of 2012, 52% of young people (16–18 years old) were male and 48% were female.

The analysis was carried out using simple statistical methods. The variables were formed by factor analysis (generalized least squares, Varimax with Kaiser normalization). The reliabilities of the sum variables were calculated using Cronbach's alpha, and the normality of the distributions was examined using the Kolmogorov-Smirnov test. Pearson coefficients were used to measure correlations. Gender was examined as a dummy variable, and its effect was tested by the independent sample test. Wellbeing's dependency on psychological and social determinants was analyzed using linear regression analysis.

MEASURES OF SUBJECTIVE WELLBEING AND INDEPENDENT VARIABLES

The measure of subjective wellbeing was based on Dolan, Layard, and Metcalfe (2011). However, only the cognitive component and the negative affect component were taken into account in the analysis. The cognitive component comprised 6 questions and the negative affective component comprised 3 questions. All of the questions were Likert-type scale items (1 to 5; 1 = Strongly disagree; 5 = Strongly agree), although in the

original measure, a 0–10 scale was used. The conceptual base of the components was tested using factor analysis, in which all items above 0.5 were included for further analysis. Thus in this case, the sum variable of cognitive wellbeing consisted of five items and the sum variable of affective wellbeing consisted of three items. The reliabilities exhibited a good level for both sum variables, but distribution of the cognitive wellbeing sum variable was negatively skewed (see Table 1).

TABLE 1. Sum variables of subjective wellbeing.

Variable	N	Items	Cronbach's alpha	Mean	Sd
Cognitive wellbeing	177	5	0.882	3.97	0.74
Affective wellbeing	179	3	0.829	2.36	0.93

Locus of control was measured by the Levenson IPC measure (Levenson 1973; Halpert & Hill 2011). The original measure of internality consisted of 10 questions, which were tested by factor analysis. Five variables with factor loadings above 0.5 were accepted into the sum variable of locus of control. The reliability of the sum variable was 0.717. The Levenson IPC scale was originally based on a scale of 1–6, but in this case, a scale of 1–5 was used.

Social risks were measured by 8 questions, focused on unemployment, long-term sickness, difficulties in managing life, housing problems, income problems, mental health problems, alcohol problems, and difficulties in managing working life. All questions were of the following type: "According to my family life experience, I know personally what unemployment really means". The measure was tested by factor analysis. The factor model explains 52.41% of the total variance. According to the factor analysis, all variables were taken into a sum variable called Social Risks, for which reliability was 0.894.

Additionally, some moderator variables were taken into the analysis and handled along with the independent variables. The moderator variables were focused on social support with a measure consisting of 12 items. The measure's conceptual basis was tested by factor analysis, and the following sum variables were formed: Family, Friends, and Other Adults. Family support was framed as follows: "I feel that my father (/mother/ at least one of my grandparents and siblings) supports me". Peer support was asked about in six items, such as "I feel that I am accepted among young people". Support from other adults was measured by three items, such as "I know adults outside of my family whom I can ask for help". The factor model explained 50.23 % of the total variance. The reliabilities of the sum variables formed in this way were above 0.7 (Table 2). Gender was also used as an independent dummy variable in the analysis, as it is

often reported to be linked to subjective wellbeing (see for instance Derdikman-Eiron et al. 2011).

TABLE 2. Independent sum variables.

Variable	N	Items	Cronbach's alpha	Mean	Sd
Locus of control	175	5	.717	3.75	0.56
Social risks	177	8	.894	2.44	0.94
Social support / Friends	174	6	.863	3.94	0.86
Social support / Family	171	4	.800	4.13	0.73
Social support / Other adults	177	3	.792	3.57	0.80

Overall, the dependent variables consisted of sum variables of cognitive wellbeing and negative affective wellbeing. Internal locus of control and social risks were independent variables, but some moderator variables (gender, family, friends, and other adults) were also taken into the analysis.

RESULTS

In general, the respondents seem satisfied with their life (see Table 3). Young people's wellbeing was assessed by means of self-report, which was divided into the two components—cognitive and affective wellbeing. Cognitive wellbeing was rated by assessing one's satisfaction with life in general, personal relationships, physical health, mental health, and school situation. The level of positive agreement varied between 64.4 % and 80.6%, with the lowest rate (64.4%) relating to the school situation. Affective wellbeing was measured in terms of negative emotions, with a level of agreement that varied between 13.9 % and 19.0%. These results are consistent with previous studies (cf. *Young people in Finland* 2010).

TABLE 3. Subjective wellbeing.

	N	Agree (%)	Disagree (%)	Mean	Std.
Cognitive wellbeing					
All things considered, I am satisfied with my life as a whole these days.	180	78.9	7.2	4.02	0.897
I am satisfied with my personal relationships.	180	77.2	5.5	4.02	0.915
I am satisfied with my physical health.	180	80.6	4.4	4.08	0.825
I am satisfied with my mental wellbeing.	179	77.3	5.6	4.01	0.890
I am satisfied with my studies and school situation.	178	64.4	8.4	3.72	0.984
Affective wellbeing					
I felt anxious yesterday.	180	15.5	54.4	2.34	1.104
I felt worried yesterday.	180	13.9	53.3	2.35	1.060
I felt stressed yesterday.	179	19.0	54.7	2.41	1.110

Cognitive wellbeing and affective wellbeing correlate strongly with each other ($r = -.501^{***}$) as expected (Diner 1994; Ribeiro Larsson 2013). In general, cognitive and affective wellbeing correlate in similar ways with independent sum variables. Cognitive wellbeing ($r = .487^{***}$) and affective wellbeing ($r = -.398^{***}$) correlate clearly with locus of control. Cognitive wellbeing ($r = -.212^*$) and affective wellbeing ($r = .336^{***}$) also correlate significantly with social risks. Similarly, cognitive wellbeing correlates significantly with social support (family: $r = .373^{***}$; friends: $r = .559^{***}$; other adults: $r = .436^{***}$) and affective wellbeing correlates significantly with social support (family: $r = -.389^{***}$; friends: $r = -.357^{***}$; other adults: $r = -.318^{***}$). Affective wellbeing produces negative measures because it is assessed in terms of negative emotions. Surprisingly, according to the independent sample test, there are no significant differences between the genders in perceived cognitive wellbeing ($t = 0.564$) or perceived affective wellbeing ($t = 0.644$).

In regression analyses, cognitive and affective wellbeing were examined using three different models. The first model was based on locus of control and social risks, but the influence of gender was also taken into the analysis. The second model was based on locus of control, social risks, and other independent variables (gender, family, friends, and other adults). In the third model, which includes all independent variables, the weakest variable was always excluded from the new model. The final phase is presented as Model 3. Results are presented separately for cognitive wellbeing (Table 4) and affective wellbeing (Table 5). The tables are based on the results of the B-value (non-standardized coefficients).

TABLE 4. Regression analysis: Cognitive wellbeing.

Variables	Model 1	Model 2	Model 3
	Beta	Beta	Beta
Gender	0.029	0.046	
Locus of control	0.470***	0.222 **	0.309***
Friends		0.366 ***	0.428***
Family		0.105	
Other adults		0.133	
Social risks	-0.122	-0.024	
Adjusted R square	0.246	0.380	0.385
F	18.91***	16.55***	52.90***

Significance levels: * = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$

Table 4 shows that cognitive wellbeing depends on locus of control rather than on social risks. Cognitive wellbeing does not depend on gender as was also expected after the independent sample test ($t = 0.564$). According to Model 1, in which locus of control and social risks were examined together with gender, cognitive wellbeing depends on locus of control, but not on social risks, although social risks were correlated with cognitive wellbeing ($r = -.212^*$). In addition, in Models 2 and 3, cognitive wellbeing also depends on friends' support. According to Model 3, young people's cognitive wellbeing depends on locus of control (Beta = 0.309***) and social support received from their friends (Beta = 0.428***). According to the results, perceived social risks have no significant link to cognitive wellbeing. In this sense, hypothesis 1 is valid but hypothesis 2 was not supported.

TABLE 5. Regression analysis: Affective wellbeing.

Variables	Model 1	Model 2	Model 3
	Beta	Beta	Beta
Gender	0.047	0.096	
Locus of control	0.340***	0.156	
Friends		0.109	
Family		0.187*	0.315***
Other adults		0.109	
Social risks	-0.278***	-0.238**	-0.270***
Adjusted R square	0.219	0.255	0.206
F	16.67***	9.76***	22.47***

Significance levels: * = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$

At a general level, Table 5 shows that affective wellbeing depends negatively on social risks. On the other hand, the results are not straightforward because, for example, young people's internal control explains the significant level of affective wellbeing in Model 1. However, locus of control lost its significance in the Models 2 and 3, in which affective wellbeing depended negatively on social risks and positively on social support from family. In this sense, family's social support compensates for the influence of locus of control in Models 2 and 3. The highest adjusted R square (0.277) is in Model 2. According to the analysis, hypothesis H4 is valid, but the interpretation of hypothesis H3 remains unclear because the role of locus of control varies across the tested models.

CONCLUSIONS

In this study, young people's wellbeing was approached from psychological and social perspectives. Subjective wellbeing seems to be a bipartite phenomenon in which cognitive and affective components constitute separate psychosocial contents as highlighted, for instance, by Diner et al. (1999). According to the present study, cognitive wellbeing appears to be strongly linked to psychological determinants while affective wellbeing is largely dependent on social determinants. Both psychological and social determinants exert a clear influence on young people's subjective wellbeing.

Cognitive wellbeing can be explained by an internal locus of control while affective wellbeing depends negatively on perceived social risks. Thus, young people's cognitive

wellbeing is based on their ability to manage their own lives. Much of the relevant literature assumes that children are more likely to develop an internal locus of control if their parents encourage autonomy (see for example, Baron & Cobb-Clark 2010). In this sense, positive psychological development is a key element in the emergence of cognitive wellbeing. However, the feeling of (internal) control can be further strengthened if young people feel accepted by their peer groups (see for example, Viner et al. 2012; Kallunki & Lehtonen 2012), and so social support received from friends also influences young people's cognitive wellbeing.

Young people's affective wellbeing seems to be (negatively) connected with perceived social risks. These risks are based on young people's experiences within the family. Some young people have experienced unemployment and long-term sickness in their family, and may also know about the problems caused by alcohol or difficulties with mental health, housing, or income. These are examples of old and new social risks (Taylor-Gooby 2004; Bonoli 2005), which impact on affective wellbeing. However, social support received from family members can significantly reduce any negative affective wellbeing caused in young people by social risks. In this way, social support can compensate for any deficiency of psychological factors (for example, locus of control) in the development process of affective wellbeing.

In the Finnish context, young people's wellbeing is at the top of the political agenda (see for example, STM 2013). This study does not confirm whether society has achieved its aims in this regard, but it demonstrates that the two separate components of subjective wellbeing require different supportive societal programs, for the promotion of youth's psychological development and the prevention of social risks. For instance, society has promoted young people's individual development by investing in an equal schooling system, which has produced good results (Reinikainen 2012; Silvennoinen, Kalalahti & Varjo 2015). The state has also invested in youth work and youth centers, and these are all examples of societal interventions that can support young people's autonomy and their peer relations while also indirectly supporting their cognitive wellbeing.

Finnish society has followed the principles of the Nordic welfare model for the prevention of health and social problems by providing broad health and social services that are easily accessed by all citizens. These services benefit everyone, but relatively speaking, most of them support at-risk families. At their best, these services produce social capacity, enabling vulnerable families to manage their everyday lives and to create a positive emotional climate within the family. This family-level capacity is important because social support received from family members is a key social determinant of young people's affective wellbeing and also compensates for any psychological disadvantage. In this sense, attending to young people's wellbeing requires two-way, strategic societal choices: prevention of social risks at family level and promotion of life management skills for young people.

In conclusion, it is important to emphasize that the present study has significant limitations related to the sample, which is not representative of all Finnish young people. Technically, the study does not cover specific phenomena such as mental health issues because of the limited scope of the data. The research design anticipated that interrelations are generally positive in nature, but it seems possible, for instance, that peer relations may also be negative. Finally, this study examined only one psychological dimension. Although locus of control is a key psychological factor, coping is another important influence on wellbeing.

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Anne Rähn and Kandela Õun

THE VOLUNTARY WORK OF ELDERLY PEOPLE AS A SUPPORT FOR ACTIVE AGEING

INTRODUCTION

According to UN population forecasts the elderly population in Estonia may reach 25% of the total by 2030. The increase in the number of elderly people in society is frequently seen as a negative aspect only. The Government of the Republic of Estonia in its session of 19 February 2015 adopted the Civil Society Development Plan prepared under the leadership of the Ministry of the Interior, which aims at the promotion of civil society in 2015–2020. The development plan establishes the goal of participation of citizens' associations in the formation of policy as a natural and valued cooperation. It is also important to increase the influence of citizens' associations in the process of dealing with social problems and improvement of well-being of people through social innovation, social entrepreneurship and provision of public services. The condition for achievement of both goals is the presence of capable citizens' associations that have sufficient possibilities for development and influential activities. Voluntary activities under the plan are considered in view of its time, energy or skills out of free will and without receiving financial remuneration. Volunteers help others or operate primarily in the public interest of the society. However, it is considered to be helping their families and financial donations or volunteering. Volunteering can be on its own initiative and independent, or participation in an organization initiated and implemented activities. The plan focuses on two priorities: socially active residents and acting capabilities of citizens' associations, i.e. ensuring that citizens' associations have sufficient possibilities for achievement of their goals.

A multitude of organisations are involved in the support of volunteering worldwide. Most of them coordinate short- and long-term voluntary projects around the world, provide information on international volunteering opportunities and establish networks of organisations engaging volunteers. Two major international organisations, the United Nations and the Council of Europe, have been particularly active in supporting and promoting volunteering, especially since the end of the 1990s (Mathou 2010 21).

Different countries define volunteering in various ways and several countries have not generated an official definition for volunteering at all. There is no legal definition for it in Estonia. The definition of volunteering commonly used in Estonia in the field is: Volunteering is the commitment of time, energy or skills, out of one's free will and without getting paid (*Study on Volunteering in the European Union. Country Report*

Estonia 2006, 4). Volunteers help others or undertake activities mainly for the public benefit and the benefit of society. Helping one's family members is not considered to be a voluntary activity. Legal definition exists only for volunteers in the probation service. In a number of EU countries the highest levels of volunteering are detected among 'prime-age' adults aged 30 to 50 years. There does not appear to be any trends in terms of the geographic location of countries reporting this tendency. Instead, the countries are evenly spread across the EU and include Belgium, Cyprus, Denmark, Estonia, Finland, Hungary, Portugal and Sweden. In Cyprus for example, half of all volunteers fall into the age bracket of 35 to 54 years (Mathou 2010, 71).

In general, there do not appear to be any significant disparities in the number of volunteers in Estonia between different age groups. Preliminary findings from the 2009 TNS Emor and Praxis survey (Ender 2009) suggest that most volunteers are aged between 35-49 years (29%), closely followed by those aged 15-24 (24%) and 50-64 (20%). The age group „65 years and over“ recorded the lowest levels of volunteers (10%) (*Study on Volunteering in the European Union. Country Report Estonia 2006*, 4). The main motivators for volunteers are the feeling of being useful (for 66% of volunteers) spending time usefully (64%), helping other people (63%), socializing with other people (62%), feeling satisfaction and happiness from activities (61%), having a good time with other people (60%), acquiring new knowledge, skills and experiences (52%), getting new contacts (51%), improving ability to find pleasant work (44%), and contributing to the development of society in general (41%) (Ender 2009, 12).

DATA AND METHODOLOGY

Our purpose was to gather data from the most active elderly people to find out what kind of voluntary work they do or want to do and which problems occur. The best place where active elderly people gather in Pärnu is Third Age University where almost 500 seniors attend lectures and workshops. 199 seniors filled in the questionnaire. There are 16,639 inhabitants over 50 years old in Pärnu (Statistikaamet 2015b) but half of them are under 65 and still working, so they are not very keen to volunteer. Another similar questionnaire was conducted with social workers and social work administrators (so-called professionals) and shared with different governmental and non-governmental organisations where they are working in Pärnu. We used the Department of Social Welfare of Pärnu City Government to share both electronical and paper questionnaire and we got 75 responses. According to the City Government of Pärnu, there are approximately 250 social work professionals in the city, 180 are operating in the Department of Social Welfare, others are from Non-Governmental Organisations.

The gender, age other indicators of both groups of respondents are shown in Figures 1a and 1b.

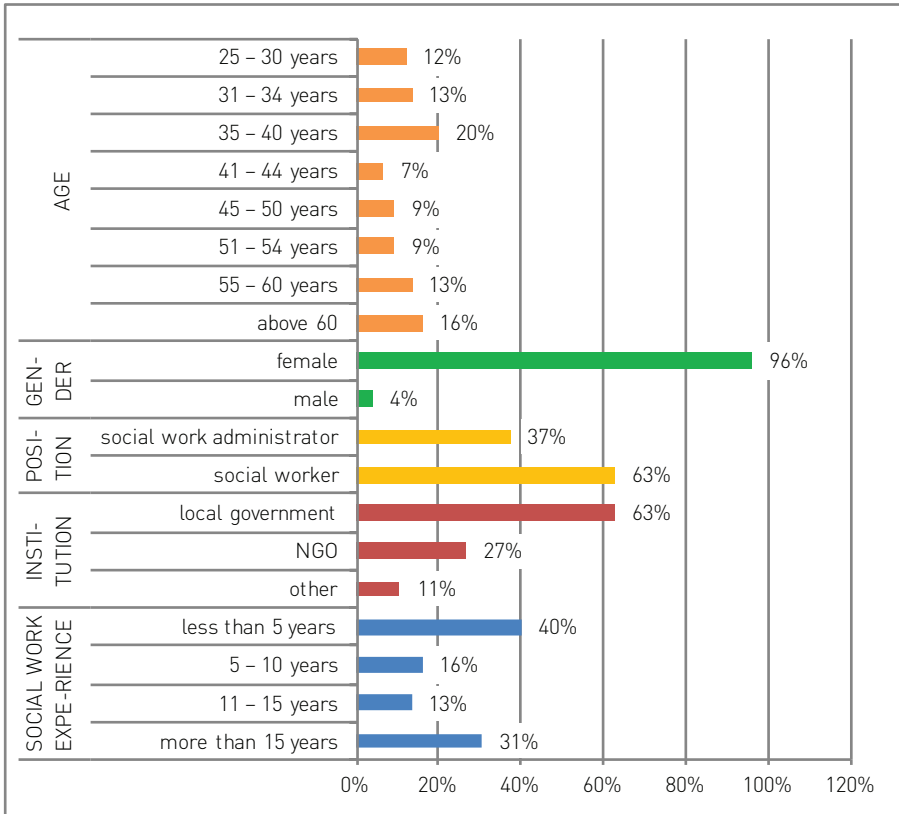


FIGURE 1a. Distribution of respondents by several indicators: professionals.

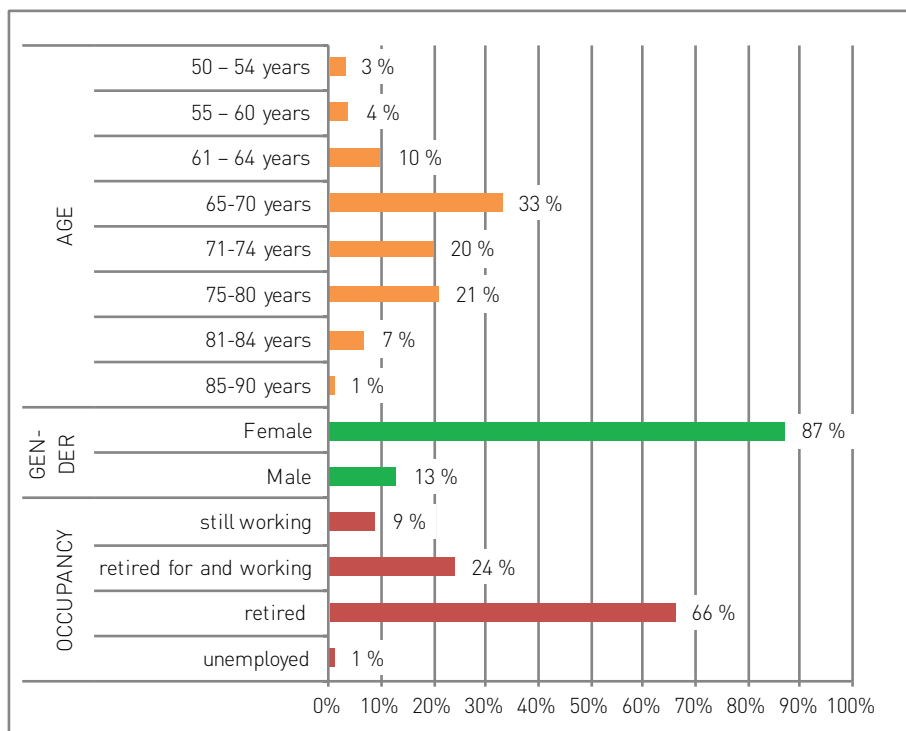


FIGURE 1b. Distribution of respondents by several indicators: seniors.

Figure 1 shows female dominance in both groups which is common in Estonia. Senior men are eager to participate in activities but their health does not allow to do it. And of course, there is a well-known problem about men's lower life expectancy. In 2014, it was 72.32 for men and 81.54 for women (Statistikaamet 2015a), so there is a lack of men at that age. The social work has been considered "women's area" in Estonia since the beginning of our independency. The main reason is low salary (510-600€ for social workers, 1040€ for social work administrators, (Pärnu linna hoolekandeaasutuste töötajate palgajuhend, 2016)) which is not attractive for men. In terms of age, professionals are divided into younger and older generation because the most common age groups are 35-40-year-olds (20% of professional respondents) and over 60-year-olds (16%). By experience there are novice – have worked less than 5 years in that field (40%) and very experienced respondents with more than 15 working years (31%). By position there are approximately 2/3 of social workers and 1/3 of social work administrators. As local government is mostly offering social services, their high number of respondents (63%) was quite expected. But NGOs (Non-Governmental Organisation) are also sufficiently represented with 27% of professional respondents.

The biggest part of senior respondents (33%) belong to the age group of 65-70 and this is the best age to be active because they do not work, at least full-time, anymore

and their health is still quite good. There is also 17% of respondents who are under the age of 65 years and those are the people who are still working or unemployed (2 respondents). Approximately 2/3 of our senior respondents are retired.

In our article we divided professional respondents into two by age group (up to 40/40+), by social work experience (up to 10 years/10+), by position (social worker/social work administrator) and by institution (local government/NGO or other). For senior respondents we created three groups by age (up to 65/65-75/75+) and two groups by occupancy (retired/still working, working and retired and unemployed). Gender was not comparable in our survey because of the lack of male respondents in both groups. The results of the current study were compared to the results of the same surveys in Riga (Vecenane 2016) and Turku (Kosonen 2016).

In this article, descriptive analysis and comparison of average indicators were used for data analysis. Most questions were answered in the 5-point Likert scale and there were several opportunities for respondents to write comments.

RESULTS

Volunteering or not volunteering

There are 24% of senior respondents in Pärnu who are volunteers right now. In Riga the number is 4% and in Turku 26%. 38% of the respondents in the age group up to 65 years old marked themselves as volunteers and this is the highest compared to the other age groups (65-75-year-old 24% and above 75-year-old 22%). By occupancy, the highest rate of volunteering was in the group of working senior respondents (31%) and the lowest in the group of working and retired seniors (22%). The respondents who are retired are also quite keen to volunteer - 26% admitted that. They volunteer in different organisations like Lions Club, Pärnu Women's Association, Senior's Association, and Third Age University; they do social work like helping disabled people, playing with children and taking calls in helpline. There are also several people helping at cultural and sports events and being active in church. The reasons to volunteer are different as it is shown in Figure 2, but mostly it is the need to feel useful for the society or for somebody and to learn new things. Those were also the more mentioned reasons for seniors younger than 75 years old. To kill time and to spend time with a younger generation are the two reasons that gathered not so much consent as other reasons. If we analysed different age groups, there were several differences. Seniors above 75 years old would volunteer because they want to have fun and to kill time. Seniors up to 75 do not need to kill time but they want to learn new things. Retired seniors want to get to know people, spend time with younger generations and to get company more frequently than working seniors.

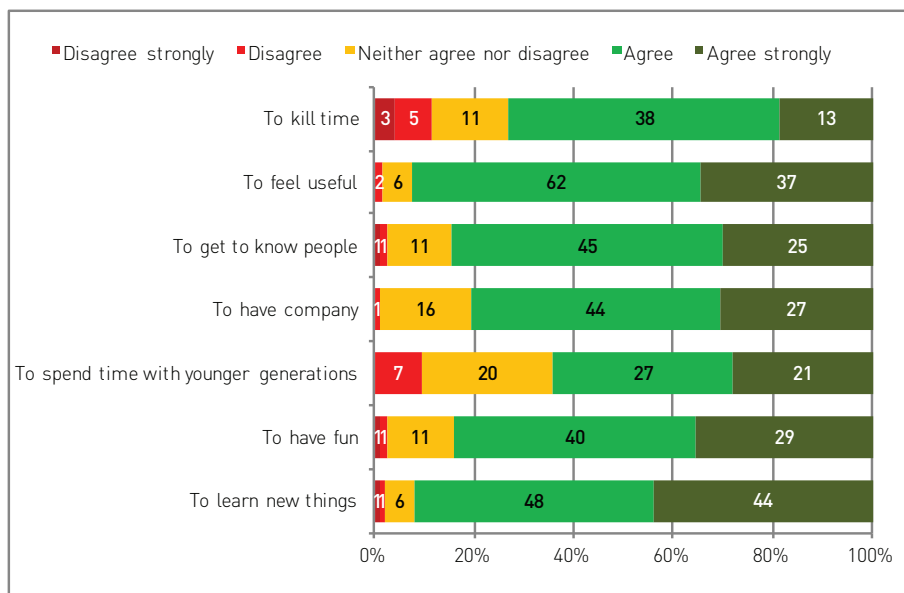


FIGURE 2. The reasons to become a volunteer.

Almost half of the respondents (46%) do not want to volunteer (in Riga 88% and Turku 34%). But 42% of them have joined and 41% want to join an organization, where they can spend their free time together with other seniors and be involved in activities. From all respondents the people at the age of 65-75 are more frequently (60% of respondents in that age) thinking of becoming a volunteer, other age groups are between 42 and 54%. Also, 55% of retired seniors consider it but the rate of the still working or retired and working seniors is lower (50%). The reasons why they are not volunteering, are mostly that they do not have time or they do not have anything to give. These are the most frequent reasons of up to 65-year-old seniors, too. The least agreeable reason was that they had done it before and they did not like it. Seniors in the age group of 65-75 are worrying about their safety and want to get salary for voluntary work more frequently than others. Working and retired seniors have no time to volunteer and they are tired and want to rest not work. Retired respondents have most often never heard about the possibilities to volunteer.

The same question was also posed to the professionals and the figure 3 presents the comparison of the results. While the main obstacles not to volunteer were the lack of information and poor health conditions in the case of professionals, for seniors the main obstacles were the lack of time and the fact that they had been working for their whole life.

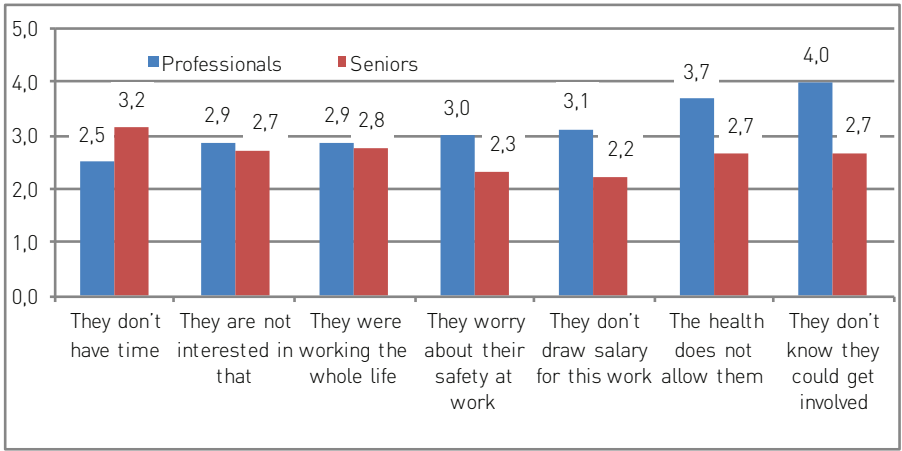


FIGURE 3. The reasons not to become a volunteer

We asked seniors what kind of voluntary work they would like to be involved in. It turned out that helping in the culture events was the most favourite voluntary work (Figure 4). The activities connected with sport and exercise was rated the second. But supporting disabled people received the lowest assessments. The analysis by age groups revealed that the older the seniors are the more they like to help other seniors or support disabled people. By occupancy no differences appeared.

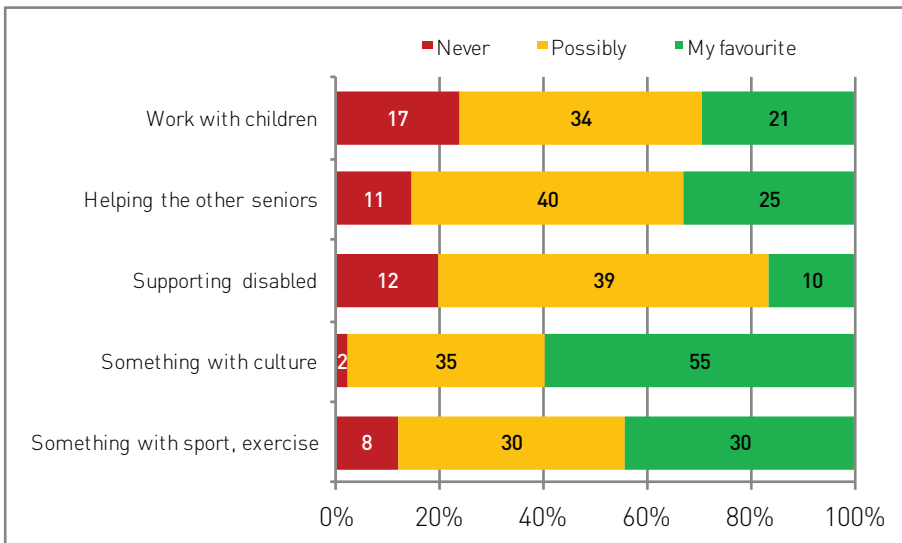


FIGURE 4. What kind of voluntary work would you like to be involved in?

Can elderly volunteers really help?

We asked social work professionals whether they think it would have a positive impact on their work, if older people became more active in voluntary work. The responses are presented in Table 1.

TABLE 1. Positive impact on professionals' work.

		Yes		No		I don't know	
		Count	%	Count	%	Count	%
Age	up to 40	26	76.5%	0	0.0%	8	23.5%
	over 40	27	65.9%	3	7.3%	11	26.8%
Occupancy	social work administrators	24	85.7%	2	7.1%	2	7.1%
	social worker	29	61.7%	1	2.1%	17	36.2%
Institution	local government	29	61.7%	2	4.3%	16	34.0%
	NGO or other	24	85.7%	1	3.6%	3	10.7%
Work experience in social area	less than 10 years	31	73.8%	0	0.0%	11	26.2%
	more than 10 years	22	66.7%	3	9.1%	8	24.2%

Younger professionals, the people with the less than 10 years' work experience in the social area and social work administrators are convinced that extra hands may have a positive impact but the representatives of local governments, more experienced people and social workers are not so eager to give their responsibilities to elderly volunteers. The reasons are that the elderly people are struggling by themselves to fill their own needs and the fact that special skills are needed for some work. One professional explained: „Our clients are with special needs and people without special training rather disturb than help us“.

The overview of the problems connected with seniors' lives are shown in Figure 4. Professionals ranked four problems – health, loneliness, social exclusion and poverty - by the five-point Likert scale. The lowest rankings were taken by social exclusion (average 3.2) and poverty (3.4). These problems are not very disturbing but we cannot say they are no problems at all. Bigger issues are health (3.9) and loneliness (4.0). It was interesting that younger professionals (younger than 40) ranked all problems higher than the people over 40. Also the fact that elderly people did not assess social exclusion as a problem. Social work administrators and professionals from NGO or other institution ranked poverty a higher problem than other respondents.

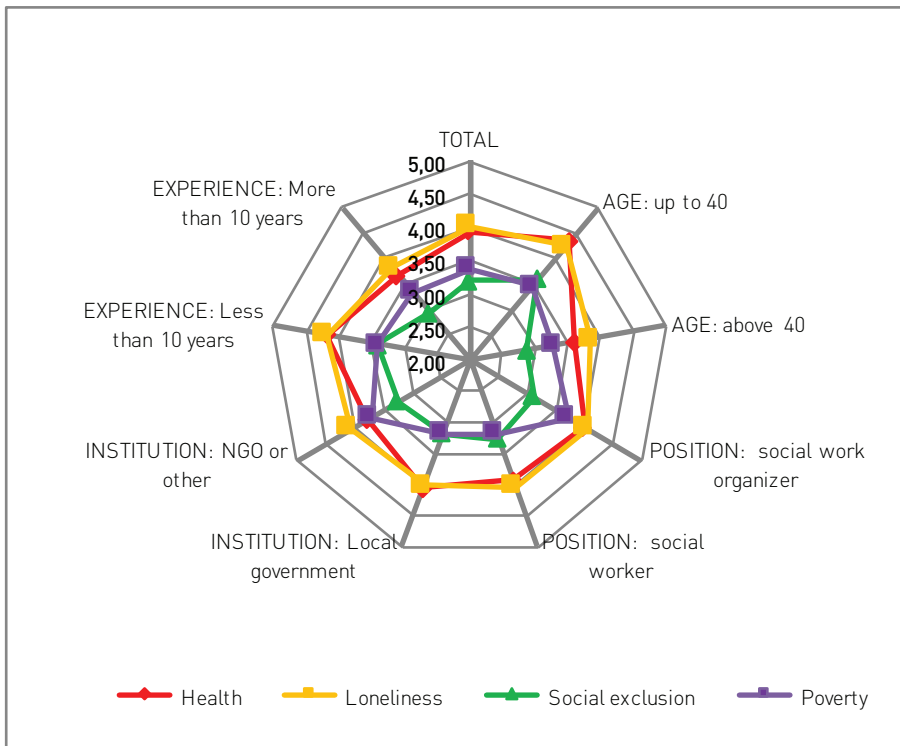


FIGURE 5. The problems of the seniors' lives

It was also investigated what kind of characteristics were reported by professionals for volunteer work. The most agreed features were being nice to other people, being social and being tolerant to other cultures. Health and creativity were not assessed so highly and previous experience was not important at all.

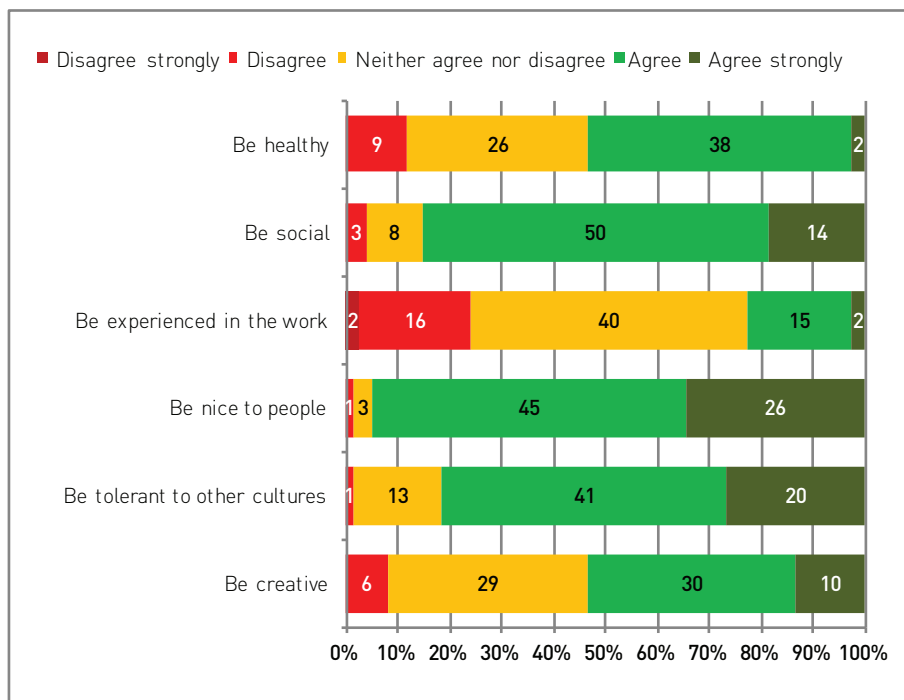


FIGURE 6. The main characteristics the seniors should have to become a volunteer.

Before starting volunteering it would be important for seniors to receive clear information what they can and what they cannot do, and information of their rights and responsibilities as a volunteer. 60% of seniors prefer to do the voluntary work in a bigger group and 50% with a friend. As a reward, they would like to see that someone had become happier and receive free tickets for cultural event or swimming pool. Professionals want to know how to organize voluntary work and where to find information. They also want to know about the best practices and how other countries organise the voluntary work.

CONCLUSIONS

It is important to state that as many of the target groups should be involved in the development of the society as possible. Estonian national policy on elderly is based on the international principle "Society for all!" The aim of the policy is to create opportunities for the elderly to live an active and dignified life. The policy creates opportunities to participate actively in social life, take part in lifelong learning and work if desired. The actions are aimed to maintain good health of the elderly, support informal care, uphold as active and independent coping with the elderly as possible, promote active and healthy lifestyle, foster elderly employment and raise social awareness about active

ageing (Ministry of Social Welfare & Ministry of Health 2008). Active ageing means growing old in good health and as a full member of society, feeling more fulfilled in our jobs, more independent in our daily lives and more involved as citizens. No matter how old we are, we can still play our part in society and enjoy a better quality of life (Õun & Rähn 2014, 146).

Through volunteering, seniors can be involved in the community and society and also take action to help solve the problems associated with ageing. Citizens' participation in society is strongly related to the voluntary nature of the activity, since the inclusion of voluntary work is one of the forms of expression of participatory democracy. The promotion of voluntary activities will therefore contribute to both ageing and to solving associated problems of elderly people, and to involve older people themselves and their peers to solve the problems of the wider community and society.

Volunteering helps to contribute to the reduction of poverty, promotion of health and social welfare, sustainable development, the prevention of accidents and liquidation of their consequences, and social integration. Volunteering brings benefits to both, the volunteers themselves, the community and society as a whole. For example, voluntary activities can provide the experience necessary to proceed in the labour market, the opportunity to learn new skills, improve the quality of life and contribute to the increase of the social cohesion in society (Tasuja 2011, 4). It is likely that Older people have knowledge, skills and experience which are their greatest potential that they can contribute to the society (Let us be active 2016).

By the vision of the Ministry of Social Affairs Estonia is a sustainable and innovative country, which is socially and economically balanced, characterised by viable family relationships, common social cohesion, and high-quality living environment that is the foundation for the social sense of security, well-being, and a high standard of living. To meet these expectations voluntary work is needed.

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Minna Zechner

GOOD LIFE IN OLD AGE WITH VOUCHERS IN FINNISH AND SWEDISH HOME CARE?

INTRODUCTION

Ageing of the population is a global phenomenon that has encouraged or even forced European countries to reform their elder care policies and practices. The aim of elder care is not only to ensure that basic needs are met, but also to allow elders to live a good life that according to the Finnish law includes wellbeing, health, functional abilities, participation and good quality health and social services (L 28.12.2012/980 Law on Supporting the Functional Capacity...). Aaltonen et al. (2014, 251) have operationalised, based on Aristotelian understanding, good life in old age. According to them good life in old age consists of prior experiences (joy and grief), social relations, participation (having influence in one's life, activities and life goals) and meaning of life (including selfhood and cognitive activities).

If care services should support good life in old age, how should the care policies and practices be reformed so that this goal is also achieved? One of the common elder care policy changes has been the marketization of care provision where techniques are taken from the private business sector. Instead of hierarchical and large organisational forms, preference has been given to lean, flat and small organisational forms, and an array of market-type instruments, including outsourcing, competitive tendering and performance-related pay, have been taken to use in public sector (Pollitt & Bouckaert 2011; Anttonen & Meagher 2013, 14). In the wake of marketization, choice has entered the policy and practice of home care for older people in the Nordic countries. Finland and Sweden are Nordic welfare states with comprehensive and, to some extent, universal social security systems with various predominantly tax-funded benefits and services. A particular feature of the Nordic welfare state has been the central role of public services and especially of care services, together with a strong involvement of municipalities in the production of care (Anttonen & Sipilä 1996; van Aerschot & Zechner 2014).

In Finland the public sector has, for a long time, been the predominant producer of elder care services but the role of the non-profit or voluntary associations has also been strong, especially in certain service niches such as sheltered housing (Yksityinen palveluntuotanto.... 2009). In Sweden the provision of elder care was, until the 1990s, basically a monopoly of public service providers (Blomqvist 2004). Since the 1990s the use of market mechanisms in elder care has been accelerating in both countries.

The marketization of elder care services has brought up the ideas of consumerism and choice. One mechanism to increase choice in Finnish and Swedish home care is voucher, which is a tax-free fixed sum that a municipality grants to an eligible customer (after needs-testing) to receive municipal care services, or to a service provider. In both countries, the majority of elder care services are still produced by public actors, but regional variations occur. In 2011 about 20 per cent of home care visits were provided by private companies in Finland (SOTKANet 2013), and in Sweden 23 per cent of home-based care hours were provided by private companies during the year 2012 (Socialstyrelsen 2013). In both countries the formal responsibility for elder care rests with the public sector so that local governments or municipalities are responsible for organizing the services.

In public services, choice may be available regarding providers: if professional, of service, of appointment time, of access channel and of additional services (Le Grand 2007). Choices may be done in relation to content and level of service, the identity of the gatekeeper and of the provider (Greve 2003). Choice refers to situations where users may decide according to their own preferences about alternatives with regard to goods and/or services and their provision (Blomqvist 2004, 141). The situations for choice may take place in the activities of organizing elder care services: assessing the need for services, providing and financing the services and monitoring the quality of services (see Meagher & Szebehely 2010).

Choices are framed by public institutions that give welfare markets distinctive feature and affect the situations for choice. The public frameworks can be understood with the following four parameters: 1) the obligatory or voluntary nature of choice; 2) the role of markets relative to public non-market service provision; 3) the public provision of resources for entering the market and 4) the amount of resources to be used in markets by individuals (Blank 2010).

In policy formulations choice is promoted as something very positive and empowering to users. It can be seen as a possibility to increase participation in a good life. However, making choices demands resources and effort (Schwartz 2004) which may be too much to demand from older persons with care needs. Does the possibility of choice in home care contribute to good life in old age? In this article, the question of what is left for the users to choose in home care when vouchers are in use in Finland and Sweden is addressed. While doing that the choices available for other actors and the public institutions framing the choices become visible together with the public frameworks affecting the situations for choice. Finally, the topic of good life is considered in relation to choice.

METHODS AND DATA

Data search was conducted using key words such as voucher, elder care and choice and combinations of these and related words in Finnish, English and Swedish. Searches were done with Google Scholar, in the university library databases such as EBSCOhost and JSTOR and through web pages of relevant ministries, municipal umbrella organizations and national boards of social welfare in both countries. There were more studies on vouchers in Sweden than in Finland, probably since the Swedish system has existed longer. However, the majority of academic research on vouchers focuses on school vouchers that are used in Sweden.

The possible situations for choice: assessing the need for services, providing and financing the services and monitoring the quality of services were used as themes in the thematic analysis of data (see Coffey & Atkinson 1996) which consist of Finnish and Swedish voucher policies and studies on vouchers in home-based elder care. A theme refers to a specific pattern, in this study drawn from an existing theoretical idea (see Boyatzis 1998). The textual data was read and the possibilities and expressions of choice were highlighted, thematised and the Finnish and Swedish results were juxtaposed (see Joffe & Yardley 2004, 57-58). Next the Finnish and Swedish voucher systems are described, after which the results of the analysis are presented.

VOUCHERS IN FINNISH AND SWEDISH HOME CARE

Finnish and Swedish voucher systems are professionally assisted models, where care managers determine eligibility to certain services and approve service hours (see Kodner 2003). There are three types of vouchers. An explicit voucher is a physical coupon or a smart card used so that the provider of the services exchanges the coupon for cash from the allocating body. An implicit voucher, used in Finland, takes the form of a qualifying recipient choosing from a number of designated suppliers, and, upon registering with one of them, the municipality pays directly to that service provider. The third form, available in Sweden, is for the municipality to reimburse the user for expenditures on qualifying services from approved suppliers (cf. Blöndal 2005, 96).

In Finland the first law on service vouchers came into force in 2004 when service vouchers were taken into use for home care. A few years later, in 2009, the use of vouchers was extended, and the new law now covers all social and health services, excluding acute health and social services such as emergency care and coercive treatment (L 24.7.2009/569 *Palvelusetelilaki*; Vuorenkoski 2009). Sweden started experiments with service vouchers in 1992 with the idea of *kundval*, or user choice. The act on free choice systems came into force in 2009 (L 2008/962 *Lag om valfrihetssystem*). As of 2013,

vouchers may now be used in all elder care services (Ivarsson 2010). In both countries the use of vouchers is voluntary for municipalities as well as to users, but Sweden plans to make it obligatory for municipalities (Hörngren 2011, 18).

The reasons for introducing voucher systems were similar in both countries: giving users more choice, improving quality as a result of competition, boosting employment, and giving smaller producers the possibility to participate in public service production. In Finland saving was also an explicit aim (see Edebalk & Svensson 2005; Kastberg 2005; Sosiaali- ja terveystieteiden ministeriö 2005; Timonen, Convery & Chaill 2006; Hakala & Weckström 2011). In both countries when the voucher has been taken to use in a municipality, the municipality chooses the scope of services for which vouchers are used as well as the service providers who may use vouchers. In Sweden the municipalities set requirements for providers, and all providers who are willing to participate and meet the requirements must be accepted to the voucher system.

In Finland, public service provision is not part of the voucher system. Instead municipal service is an alternative for the voucher, whereas in Sweden public service provision is in the same line with the private providers. In Sweden the competition is over quality, not over price (Ivarsson 2010), as the municipality sets the price for services in advance. In both countries however, only private producers are allowed to top up-to sell extra services above the needs tested amount for fees (Edebalk & Svensson 2005). Municipalities have the overall responsibility for the quality of the public services, notwithstanding the provider (Palvelusetelin käyttöönnoton 2011; Törnvall & Eklund, 2009). In both countries there are national bodies responsible for monitoring the public and private social and health service provision, in Finland National Supervisory Authority for Welfare and Health (Valvira) and in Sweden the National Board of Health and Welfare (Socialstyrelsen).

TABLE 1. Premises of voucher systems in Finland and in Sweden.

	Finland	Sweden
Law on vouchers	2004/2009	2009
Use of vouchers is voluntary for municipalities	x	x
Needs-assessment is done before voucher is offered to user	x	x
Municipality chooses the providers to the voucher system	x	x
Public services are in the voucher system		x

In 2012, out of 290 Swedish municipalities, 171 were using or had decided to use vouchers, mostly in home care services (Sveriges Kommuner och Landsting 2012).

During the same year in Finland, at least 109 municipalities (altogether 336), or federations of municipalities, used service vouchers, and 60 of them used them for home care (for all ages). Additionally 34 municipalities, or federations of municipalities, plan to extend the use of vouchers to home care (Nemlander & Sjöholm 2012).

Below the analyses of the three different possible choice situations are presented: 1) assessing the need for services, 2) providing and financing the services and 3) monitoring the quality of services.

Needs assessment

In both Finland and Sweden, elder care services are allocated to the users according to their needs. The municipal authorities are responsible for assessing the needs according to their own criteria, which must match the national legislation, such as Social Service Acts. The personnel in charge of needs assessments have to take into account the financial constraints of the municipal budget, so the starting point for services might be what the municipality can offer, rather than what the person's individual needs are (Szebehely & Trydegård 2011). As a result of the needs-testing, the older person in need of care may be allocated certain hours of services or specific help, such as bathing. Only after the needs-testing the user is given the possibility to choose the service provider.

However, in Finland the needs assessment has an extra twist in that the assessors have to estimate whether the user would be able to make an informed choice and use a service voucher. One estimate is that if a user only needs supportive services, such as home-delivered meals, security phones or assistive devices, the user can also understand the service voucher system and act as an independent consumer (Bäcklund 2005). This way of allocating service vouchers would cut off a great percentage of elder care users, especially as, during recent years elder care services have been increasingly targeted to those with greatest needs (Kröger & Leinonen 2012). In another study, Kuusinen-James (2012) found that care managers did not offer service vouchers if the elderly had many illnesses that needed treatment. Vouchers may also be promoted to users who are seen as difficult (Kuusinen-James & Seppänen 2013). No national guidelines are given as to whom vouchers should or should not be offered. In Sweden the voucher is always offered (where in use), but the user may refuse to make a choice (Konkurrensverket 2012). In both countries the municipality chooses whether the voucher can be used and for what services. The user is not allowed to choose anything at the stage of needs assessment, except whether to go through with it or not and which needs they will bring forth in the needs assessment (cf. Glendinning 2009, 190).

Providing and financing services

Care provided by families and friends (informal care) is the predominant form of elder care in Finland and Sweden (Timonen 2008). Municipalities are autonomous in terms of organizing service provision and elder care services are produced by public actors, non-governmental organizations and private enterprises. Financing is covered by local and national taxation, together with user fees which comprise a relatively large part of the funding of Finnish social and health services. For example, in home care services, user fees covered 15 per cent of costs in 2010 (Association of Finnish Local and Regional Authorities). In Sweden, user fees cover between 5 and 6 per cent of actual costs in elder care services (Szebehely & Trydegård 2012).

User fees are related to income and to the amount of help provided in both countries, and there are national maximum levels for user fees that are designed to protect the citizens from impoverishment even when the need for care and services increases. Finland has used service vouchers as means to increase certain fees paid by the users over the set national limits. Municipalities may decide the value of vouchers and whether the users pay a flat rate or according to their income (Kuusinen-James & Seppänen 2013, 316). Services that are defined by law as free of charge, mainly services for people with disabilities, must be free of charge even when a service voucher is at play (Hakala & Weckström 2011). In order to distinguish from the fees that the laws set for user fees (L 3.8.1992/734 Asiakasmaksulaki), there are two different types of payments when vouchers are in use: 1) user fees as set by the law and 2) deductible fees, which refer to payments on top of user fees.

The logic of public service fees works in such a way that there is a maximum amount that any single user has to pay. Once the total number of fees paid under a given period reaches this threshold, the public sector takes over additional expenses. The aim of this is to guarantee equal access to services and to make sure that each person has a real possibility of using services according to his or her needs. In Finland, vouchers now work the opposite way: the public authority pays a certain (fixed) amount, and the user's share is the difference between voucher value and the real price of the service. Service providers receive a fixed sum from the public purse, and, in most cases, they have the freedom to decide the user's fees for their services, albeit municipalities may set maximum fees. However, the Finnish voucher system scraps the maximum limit applied to user fees and perpetuates inequalities in the use and accessibility of services (Rahkola 2012).

Knowing this it is no surprise that a reason to choose public provision is lower costs to the user (Kuusinen-James & Seppänen 2013, 321), albeit the exact price may be difficult to calculate in advance due to a rather complicated pricing system (Zechner 2012). Services with vouchers tend to become more expensive than municipal services,

especially if care is needed in the evenings and on weekends (Kuusinen-James 2012). Also the increasing amount of help needed has also raised the costs, making it economically necessary for many users to switch to public services (Kuusinen-James & Seppänen 2013, 324).

In Sweden, users pay the same fee regardless of the provider or whether the voucher is in use or not. Fees are paid to the local authority, not to the provider, and private providers cannot charge fees above or beyond those set forth by the public actors. Private companies are remunerated for their activities on the same basis as the municipal or regional agents for providing the same kind of services. It is a fixed-price compensation based on the municipality's costs, not the actual costs for the private service provider. This means that reduced costs in the private sector may benefit the service provider but not the user (Lindgren 2012). Public providers are not to make a profit; their function is based on political steering, and the users' treatment is more strictly controlled by law (Hansson 2010). The Swedish system gives private providers incentives to save, and care scandals in media indicate that they do this by suppressing the quality of services such as by having too few qualified personnel (see for example Skogkär 2012 in *Sydsvenskan* newspaper). On the other hand, similar problems and scandals with understaffing have emerged in Finland even with public service providers (see Tampereen Koukkuniemestä 2010).

Monitoring the quality of services

One of the core ideas in using service vouchers is that service users influence the quality as consumers abandon service providers with inadequate quality. In Hirschman's (1970) words, they are using the possibility to exit. Choosing services, changing from one service to another and making complaints on services are thus essentially connected to monitoring the service quality.

When the user has received a voucher she or he must first choose a provider that offers the services that the public assessor has allocated, and the second task is to figure out which of the service providers would be the most suitable to serve her or his needs. Often in sparsely populated areas, only a very few private service providers are available to choose from (Stolt & Winblad 2009; Kuusinen-James 2012). In Finland there is also a need to consider the costs as services purchased with the voucher may be cheaper or more expensive than the publicly provided ones.

The choosing part of using vouchers is positively promoted. However, the problem is that genuinely relevant information is often revealed only when the service is being used, especially since care services tend to be intimate in nature, needed continuously (see Rostgaard 2011), and many are first time users. Many people might find it difficult

to imagine how it feels to receive help in bathing and to discern what kind of provider would be most suitable for this purpose (cf. Twigg 2000). Checking the compatibility of a service provider according to the users' needs and preferences prior to using them is rather difficult. There is also one essential difference between public and private producers of services in both countries: public service users may not top up or buy extra services directly from the provider. Topping up is, however, one of the main reasons to choose a provider in Finland (Kuusinen-James 2012). In Sweden it has been noted that the possibility of topping up especially attracts better-off elders (Szebehely & Trydegård 2012).

For the users to make an informed choice, they need a thorough investigation into the service providers. For that, they need a fair amount of information. In Finland the National Institute for Health and Welfare has set up an Internet site, *Palveluvaaka*, (the Service Scale), where users may choose indicators and compare various service providers within their municipalities. Home care has no indicators, but indicators of residential care are divided into four subcategories, describing the inhabitants, the staff and life in residential care, the numbers and education of staff and location and facilities. Similar sites, *Äldreguiden* (the Elderly Guide) and *Öppna jämförelser - Vård och omsorg och äldre* (Open Comparisons – Eldercare), exist in Sweden provided by the National Board of Health and Welfare. The indicators in home care include the number of inhabitants who have an up-to-date care plan, the number of people employed in permanent terms, the education of the personnel, how many persons over 65 year of age have participated in making their care plans and the measures taken to prevent malnutrition. Indicators can be selected and collected in spreadsheets for comparisons. Swedish guides also include public service providers.

Comparing any and especially public and private providers is difficult. Public service provision is subject to freedom of information legislation, which means that citizens have the right to full insight in the economy and administration of service provision. When it comes to private actors performing the same functions financed by taxes, the same insight is not offered (Lindgren 2012). More transparency is required of public actors whereas private actors do not face similar requirements, nor do they wish to disclose their finances in detail to the public (Rahkola 2012). Even if good quality and comparable information is available, several studies have shown that the opinions of and information given by family members, friends, care managers and for example by neighbours tends to gain a great role when decisions on service producers are made (see for example Fotaki 2009; Galle, Brandén, Gustafson & Bucht 2010; Kuusinen-James & Seppänen 2013; Socialstyrelsen 2004). Elders may also have illnesses, strong pains and memory disorders, which hamper choice-making.

It is obvious that changing service providers of services that one's daily life depends on is not easy. It is therefore no surprise that, according to Volk and Laukkanen (2007), service vouchers best suit services that are meeting temporary needs. Many service users are not even aware if their provider is a public or a private actor (Galle et al. 2010). It seems that users would rather discuss with the service provider to improve quality than switch to another provider (Volk & Laukkanen 2007). Changes of providers bring new people and new routines to users' lives and, therefore, it is not an attractive option, even if the quality would improve (Galle et al. 2010). For the close relatives of elders, the possibility of choice also brings new roles and responsibilities since it seems that partners and other family members, especially, have central roles in making choices concerning service providers (Hjalmarsson & Norman 2004, Galle et al. 2010, Kuusinen-James 2012). Studies from Finland and Sweden show that some users switch to another provider after the provider stops its activities and due to staff discontinuity (Hjalmarsson & Norman 2004, Kundval i hemtjänsten 2009; Svensson & Edelbalk 2010).

Only a little research exists about making complaints in elder care. Most studies on making choices refer to choosing the service provider in the first place, less on changing the provider, and even fewer studies on making complaints (see Kundval i hemtjänsten 2009; Eek 2011; Kastberg 2010 for reviews on related research).

Formal complaints are not a very common or an easy way to influence service quality, but users must be aware that in Finland, when they choose a service voucher instead of a public service provider, they also choose a different channel for making complaints (Zechner 2012). In Finland, when problems arise, a user of public services is in a stronger position and enjoys greater legal protection since the activities of private actors are regulated more light-handedly. The activities of the public sector are regulated by detailed laws that are meant to reinforce preventive legal protections, avert arbitrariness, promote appropriate and professional conduct, and prevent corruption. At best this may mean smoother practices and service, but at times of trouble, the service user may have weaker legal protection and find it harder to get help. Less regulation can also mean more inequality and more possibilities for abuse (Rahkola 2012).

Finnish service voucher users are subject to consumer protection legislation (L 20.1.1978/38 Kuluttajasuojalaki), as after handing the voucher to the provider, the user and the provider are in an agreement, and the municipality is not directly part of it. In both the public and private services, complaints are first voiced to the service providers, but if the user does not see the expected results, they direct their complaints about private service provision towards consumer councils and the Consumer Complaint Board. The Consumer Complaint Board is a cheaper and simpler channel for voicing complaints but the decisions they make are recommendations (Sosiaali- ja terveystalvelujen 2006). Complaints about public services are channelled through administrative courts

(Jämsä 2010). This fundamental difference in treating different user groups who have passed the municipal needs-testing is a potential cause of inequalities. Users are, however, very unlikely aware of this difference when deciding whether to take a service voucher or not. In Sweden, services within the scope of service vouchers are all treated in a similar manner in the case of complaints, regardless of the providers.

SUMMARY AND DISCUSSION

Earlier studies have concluded that elderly care recipients in Nordic countries are more interested in continuity of care and in deciding the content and conduct of daily care than in choosing between providers (Burau, Theobald & Blank 2007; Rostgaard 2011). Despite this, the choice of providers is exactly what vouchers allow consumers of home care in Finland and Sweden to choose. Maybe the rationale is that choice contributes to good life.

Even though one aim of the voucher systems was designed to maximise the autonomy and independence of persons with care needs by giving them greater choices and control over home care services and providers, the professionally assisted model of vouchers that are in use in both countries allows little room for choices of users. Especially in the Finnish system municipalities have a lot of room for local choices, such as deciding the value of vouchers or whether to offer the voucher to the user or not. Both Finnish and Swedish municipalities are also choosing the array of providers where the user may choose from. In Finland the choice is optional for users whereas in Sweden it is obligatory. Finnish users may choose not to take the voucher and turn to public services (which is also a choice). In studies on good life in old age it has been shown that keeping mentally, and with younger elders also physically, active is essential in good life (Minney et al. 2015, 6). Making choices and comparing service providers is cognitively demanding activity that may contribute to good life.

During the needs assessment, users may opt out or selectively bring forth their needs during the assessment, but this is not a sensible option when they need help and care. One way to ease choosing at this stage is to provide information and education services to enhance users' capacity to make more informed decisions about service needs and choices (Kodner 2003). This, however, may work against the idea of choice as users are then made to fit their needs to the services instead of making services more responsive to the diversity of users. This approach can also be implemented outside the voucher system.

The second possibility of making choices, after needs assessment, is the service provision where users obviously are not involved, and they do not have much say in the financing of services either; user fees are decided by other actors. Possibility of

choice in Finland does relate to money as users must assess which services they can afford, public or private. Services with may be more expensive than the ones without a voucher. The institutional framework thus gives public support to private demand and the given support may leave a gap between the user fee and the voucher which needs to be covered by individual means. In Sweden, instead, prices are the same regardless of the provider and choice is a consequence of a social right that offers similar public support to everybody regardless of their choices (cf. Blank 2010). In both cases self-financing is present in the form of user fees, with and without vouchers, but only in Finland the voucher system may increase self-financing which may lead to a situation where only wealthy users are able to choose. The aspect of wealth or social class brings forth a connection between choice and good life. Continuity between past and present roles and relationships has been shown to be important in good life when old (Williamson 2010). Those elders who are used to making choices, comparing services, their prices and quality, may see choice a welcome continuity in their life.

The third chance for making choices is monitoring the quality of services, which takes place during the service use, when choosing and changing the provider, and when making complaints about providers. Users of services, at least those with extensive needs for care, must have some understanding on the service quality as they have continuous encounters with service providers. However, it may be that few of these understandings are vocalised to service providers. Finnish users of vouchers may not be aware of one choice they make when taking the voucher, which is the fact that official complaints are done through different channels compared to making complaints on public service provision. Yet experiences of poor quality seldom result a change of provider (see Kundval i hemtjänst 2009; Kuusinen-James & Seppänen 2013). However, there is some evidence from Finland that users of vouchers tend to take recourse to public services when care needs, and expenses, increase (Kuusinen-James & Seppänen 2013, 324). It is essential to remember that staying with the service provider may also be an active choice even if the motives are not known to providers, municipality or researchers. Monitoring the quality is possible with and without the voucher system but it allows the users to change the provider which is not possible if the only provider is the public sector. Especially in Finland the market-based services are an alternative to public services. The Table 2 contains a sum of the results: who has choice and at what situation in the service process.

TABLE 2. Choices available to users, municipalities and private providers when voucher is in use in Finland and Sweden.

	User	Municipality	Private provider
Needs assessment	<ul style="list-style-type: none"> • Whether to take part in needs assessment • What needs to bring forth in the needs assessment 	<ul style="list-style-type: none"> • For what services can voucher be used • What needs give access to services • If the user is capable of using a voucher (FIN*) 	
Providing and financing services	To estimate which provider is cheaper, public or private (FIN)	<ul style="list-style-type: none"> • Flat rate or income-related voucher (FIN). • Value of the voucher (FIN). • What providers to include in the voucher system 	<ul style="list-style-type: none"> • Whether to apply to the voucher system • The price to charge from the users (FIN)
Monitoring the quality of services	<ul style="list-style-type: none"> • Which provider would best fit the needs • Whether to top up • Whether to complain about the service • Whether to change the provider 	Which providers match the quality criteria and are thus eligible to be part of the voucher system	Whether to offer additional services for a fee

* FIN at the end means that it only applies to Finnish system of vouchers.

Finnish and Swedish professionally assisted voucher systems allow very little room for users' choices. The professionals' strong role as care managers has been criticized by disability movements, and cash benefits, such as personal budget, have been seen as an alternative to allow more choice for users (see Glendinning 2008, 456). With elderly voucher users, it is not clear whether the users are actually the ones making choices, or if it is instead the family members, professionals or even neighbours. In relation to good life, this is not a good outcome since relying on others when making choices may increase the feeling of dependency. There is an inherent difficulty in choosing care services: with new users having to imagine what it feels like to be assisted with everyday activities. For people who have years of experience with disabilities, this may be possible, but for many elders needing help and care, it is a new situation. The truly valuable information for choosing providers would come from other users, but they are dispersed and hard to reach in home care. The unpredictability of care may force elders to make choices repeatedly which can be burdening (cf. Glasby Glasby, Le Grand & Duffy 2009, 484). It has been shown, that at least elders in residential care, may find the life better than at home because they do not need to worry about their needs for care, safety and welfare (Minney at al. 2015, 4). This can, in home care settings, be understood so that not needing to choose the care provider brings better ground for good life than having the choice. This may apply especially to those who have many needs for care.

Finally, the public frameworks with the following four parameters: 1) the obligatory or voluntary nature of choice; 2) the role of markets relative to public non-market service provision; 3) the public provision of resources for entering the market and 4) the amount of resources to be used in markets by individuals (Blank 2010) are rather different in Finland and Sweden, despite the similarities of the welfare states. The choice for users is voluntary in Finland and obligatory in Sweden when they have passed the needs-testing and when the municipality has the voucher in use. The role of markets in both countries is to supplement and to offer an alternative to public provision. In Finland the public provision of resources for entering the market are meagre since users may end up paying a deductible in addition to user fee when using the voucher. The Finnish system gives public support for private demand whereas the Swedish system gives public support for both private and public demand. The Finnish voucher system has a great potential to polarize home care clients so that better off elders rely on private service provision and the less well-off recourse to public services. Hence vouchers have the potential to be part of good life for some elders, but not to all.

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